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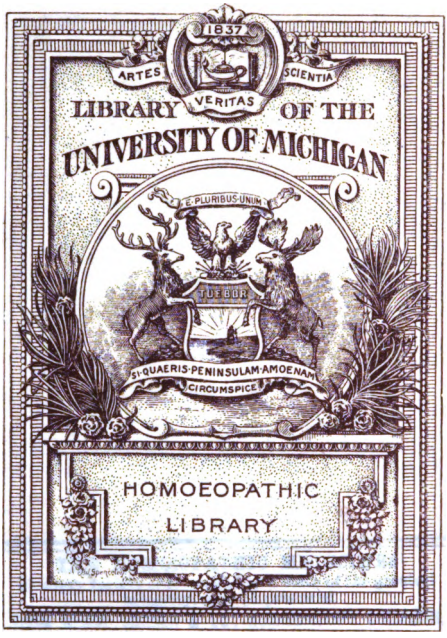

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TUMOURS:

THEIR NATURE AND TREATMENT,

BY NEW REMEDIES, AND BY OPERATIONS DIFFERENT FROM THOSE USUALLY PERFORMED BY THE KNIFE OR CAUSTICS:

TO WHICH ARE ADDED

REMARKS ON HEMORRHOIDS AND FISTULA IN ANO,

WITH NEW AND COMPARATIVELY PAINLESS OPERATIONS FOR THEIR CURE.

BY

JOHN PATTISON, M.D., F.R.M.S.L.

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PREFACE.

It is now sixteen years since I commenced my career in London as a specialist. I then confined my attention to the treatment of malignant disease; but this vast subject gradually led me into a more extended field of usefulness, bringing under my notice other diseases of equal importance, so that I have been compelled to devote a large portion of my attention and time to their study and treatment; until now they occupied (more especially those diseases peculiar to women) the greater portion of my time. More than twenty-six years ago, during my early professional life, I determined to investigate thoroughly malignant disease, and not to suffer my judgment to be biassed, either by the judgment of others, or by preconceived opinions of my own; and I directed my attention to the structure of the parts implicated, and to the character of the disease under observation. Pursuing strictly this course of investigation, I have been enabled to introduce many innovations, when compared with the old methods of treating these diseases; modifying or substituting

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simpler, and more efficacious operations, instead of those in general use, and by administering only those medicines (many of them previously unknown) which have a direct action on the parts affected. When speaking of the more simple and effectual means of treating disease, I allude more especially to the treatment I have introduced in uterine disease, in vascular tumours, and in diseases of the rectum. In the first, from the number of cases brought under my notice, I early learnt the culpable folly of attempting to burn out or destroy ulceration in the neck of the womb by caustics. In the second I have been able, by injection, to transform a congeries or mass of bleeding vessels into a solid substance, easily acted upon by enucleation, and therefore easily removed; and in the third, by injecting internal or bleeding piles, I have found them rapidly slough away, effecting a permanent cure, instead of the uncertain and painful processes usually adopted by ligature or nitric acid. Further, in that painful disorder "fissure of the anus," I have found a certain, speedy, and effectual remedy, by paralyzing the sphincter-ani muscle. These modes of treatment, if known (I have not met with them even hinted at in modern works), are at least not adopted in practice. The reader will find in these pages that I advocate the administration of the medicines in the homœopathic form. For seventeen years I practised allopathy, and it was not until ten years

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ago that I was convinced of the truths promulgated by Hahnemann. During these ten years, I have been engaged in an extensive practice, and, from what I have seen, I only regret that I did not understand what homœopathy was in my earlier professional career. My experience tells me that in treating cases allopathically, that many patients do not die from their disease, but that they succumb from the prostrating effects produced by the remedies, administered according to the dicta of the older school.

In the following work, I have endeavoured to detail my practice as practically and plainly as possible, and I hope that many may be led to adopt my views, and that the same success that has attended my efforts to alleviate suffering may attend theirs.

JOHN PATTISON, M.D., F.R.M.S.L.

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10, Cavendish Road, St. John's Wood,
London, N.W.

1*st January*, 1869.

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ON TUMOURS.

WHAT is a tumour? This question is best answered by John Hunter's definition, viz., "A tumour is a circumscribed substance produced by disease, and different in its nature and consistency to the adjacent parts." This for general purposes is sufficient, but for pathology it is not satisfactory. The difficulty arises how vessels of a part should generate a substance different from that part. The mighty mind of Hunter was enabled to explain this difficulty; and since his time no pathologist, so far as I am aware, has been able to solve this difficulty. Tumours, for convenience, are divided into two great classes: "the MALIGNANT and the NON-MALIGNANT;" to these may be added a third, viz., "the SEMI-MALIGNANT." A malignant tumour, unlike that of a non-malignant character, has the power to affect the whole system, both primarily and secondarily. In the first, through the blood-vessels conveying the poison to distant parts; in the latter, through the absorbents. It has also the power of converting adjacent tissues into a substance similar to itself. Mr. J. Z. Laurence states,

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"One of the most remarkable characters of malignant growths is their great tendency to take on a sloughing action when they have reached the ulcerative stage." This fact has already attracted the attention of older writers. Wardrope, in speaking of *fungus hæmatodes* in the extremities, states that "when a *fungus* has increased to a large size, its most prominent parts begin to lose their life and slough away." On the other hand, a non-malignant or innocent tumour is always local, generally circumscribed, and in many instances enclosed in a cyst or sac, and never involving the adjacent tissues in its growth. Non-malignant tumours, however, through lapse of time, neglect, irritation, or mal-practice, may degenerate into the malignant type, when they are imbued with all the characteristics of primary malignant growths.

Tumours, by many pathologists, are supposed to be the result of perverted nutrition, through inflammatory action, producing a morbid growth, gradually increasing, distinct in substance from the adjacent tissues. Malignant tumours have been called *heterologous* or *heteromorphous* when their structure is different from that of the surrounding parts, as in cavernous and melanotic growths. On the other hand, those growths the substance of which is similar to the adjacent structure have been named *analogous* or *homœomorphous*. The chemical constituents of tumours vary. Those of a non-malignant character are more or less fatty, and are, when exposed to heat, reducible almost entirely to gelatine, whilst those of a malignant type are almost wholly composed of albumen.

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Mr. Erichson, in his work, "On the Science and Art of Surgery" (4th ed., p. 469), states, "Malignant tumours are most frequently of a cancerous nature, yet malignant and cancerous are not synonymous. Every malignant tumour is not a cancer, although every cancer is a malignant growth. Some tumours are malignant in their course, though they present, neither to the naked eye, nor to the microscope, any cancer structure or any heteromorphous constituent, but are strictly homœomorphous, being fibrous, fibro-plastic, or cartilaginous. In most instances such tumours are benign in their course as well as in their structure, but in other cases, and without any evident cause, they effect a truly malignant action; thus the term 'malignant' would have reference rather to the course adopted by the tumour than to the structure of the growth itself, for a tumour may be anatomically benign, but functionally malignant."

I shall first consider some HETEROLOGOUS, or MALIGNANT TUMOURS.

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PART I.

HETEROLOGOUS, OR MALIGNANT TUMOURS.

CANCER in its various phases being the most frequent form of the malignant type assumed by tumours, I purpose, before noticing a few other forms of morbid growths, to consider the nature of CANCER.

Cancer is commonly met with under five forms: viz., SCIRRHUS, or HARD or STONY CANCER; FUNGOIDES, or ENCEPHALOID or MEDULLARY CANCER; COLLOID, or GELATINOUS CANCER; MELANOTIC, or BLACK CANCER; and EPITHELIAL, or SUPERFICIAL or SKIN CANCER. To these may be added SEMI-MALIGNANT forms of the disease, as *Rodent* ulceration, *Lupus*, *Lepoides*, *Keloides*, and other similar diseases. These semi-malignant ulcerations or growths belong more particularly to the last division, or epithelial cancer.

I. SCIRRHUS.

In my former works I have described scirrhus as "a malignant disease, first appearing as a hard, stony tumour, at first generally very small; to the touch, rough, uneven, and conveying the same feeling as of grasping a rough piece of stone; covered with cellular tissue: as a rule, the smaller and rougher

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and more angular the tumour is, the more malignant is the type."

Müller, in his work, "On Cancer and Morbid Growths" (p. 79), writes: "True scirrhus is the product of an ever-working morbid cause; of an activity displaying itself in the formation of diseased structure; of a peculiar dyscrasia, which, unlike the inflammatory process, is not limited in its duration to a certain period of days or weeks. It is a chronic disease, and, when once established, contains within itself the principle of its further development."

Breschet and Ferrus (*Dict. de Médecine*, tome iv., p. 138) describe scirrhus as "a hard white structure, resisting the knife, and composed of two different parts—the one is fibrous, firm, creaking when cut, is distinctly organized, and composed of irregularly-arranged laminæ, and forming cells in which is contained matter of a whitish, bluish, greenish, or reddish tint." This latter they look upon as a product of secretion.

Sir Astley Cooper defined scirrhus as "an excessively hard swelling, intersected by a network of strong fibrous bands."

Scirrhus is generally found as a circumscribed mass, but it is not uncommon to find it infiltrating the tissues of an organ. It is most frequently found in the breast and lymphatics. In growth in the first stage it is generally slow: indeed, a scirrhous tumour may exist in the breast, for a long time, without seeming to increase; nevertheless the constitution is secretly, though slowly, being undermined. If once excited, either through local irritation, reduction of strength, illness, or

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from other causes, it invariably increases with great rapidity, absorbing the substance of the gland, or rather transforming the hitherto healthy breast into a hard, stony mass. Previous to this, the skin is seemingly healthy, but soon the tumour attaches itself to it, absorbing it like the other tissues; it becomes slightly discoloured, at first, of a dirty brownish hue, drawn down and sunk below the natural level of the breast. The frequency and intensity of the peculiar lancinating pains are increased; if the sufferer should be old and thin, the breast is almost entirely absorbed, and disappears; the hard nodulated tumour alone is felt and seen. On the other hand, if the patient be young or stout, the whole breast is converted into a large semi-globular mass, mottled bluish purple, immovable, having become attached to the ribs; the nipple is retracted (the nipple in scirrhus is generally retracted or drawn inwards, even in its first stage), and the surface of the mass feels as if a hard rough stone were underneath. Either at this stage, or when ulceration takes place, the adjacent glands, especially those in the armpit, become affected—gradually, though certainly, increasing in size. The skin absorbed into the tumour gradually changes its colour, from a dirty brown to the various shades of red and purple; one or more little nodules appear, like cherries, and in these are minute spots, the commencement of the external ulcerative process (my experience leads me to believe, although it does not coincide with that of some of the most illustrious in the profession, that ulceration primarily commences in the centre, not on the surface, of

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a scirrhous tumour). These cherry-like prominences speedily break down; a cavity, especially in the old and thin, is formed in the diseased mass, with everted edges, bleeding on the removal of the dressings, and constantly pouring forth a dirty-water fœtid discharge, and exhaling a peculiarly offensive fœtid smell. Unfortunately, this peculiar smell is exhaled in many cases, even before ulceration takes place, which, in my opinion, is a sufficient proof of the constitutional poisoning that must often exist, even before disease is suspected; for many a time, in its first stages, the attendants have called my attention to the peculiar odour pervading the bedroom, and (which has, I believe, been unnoticed before) that the perspiration of many cancerous patients has a peculiar effect, not only on the colour, but even on the texture, of their linen; in a word, making it rotten, being returned from the wash, more or less torn. Soon after the ulcerative process is established, not only do the axillary glands increase in size, but those in the neck on the affected side soon become implicated. Pressure on the blood-vessels and absorbents supervenes. Serous fluid rapidly distends the arm. Great increased pain is felt, not so much in the affected breast, as in the other; the shoulder-joint feels as if it were being wrenched from its socket. Pain in the shoulder-blades becomes severe, and generally a spot in the inner side of the arm, above the elbow, becomes exquisitely painful. The strength is reduced, not so much from the discharge from the ulcer, for this sometimes entirely stops, as from the loathing of food, and the irritation

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of stomach, caused not only from constitutional irritation, but also from the actual deposit of scirrhous molecules, by the absorbents, in the liver, stomach, and other of the abdominal viscera. Then either effusion on the lungs, exhaustion, or some other cause, soon terminates the suffering. As a rule, however, the ulcerative process differs in the stout and young. The semi-globular stony mass ulcerates over its entire surface, presenting a discharging, bleeding mass, furrowed and intersected by channels more or less deep, with perhaps several sinuses opening into the centre of the tumour, where ulceration primarily commenced. This surface at times, and in certain spots, seemingly heals over, being covered with a dry transparent skin, giving a delusive hope that the parts in a measure will heal; but in proportion as this covering is produced, the more active the ulcerative process in the other parts is carried on. In these sad cases the integuments are rapidly involved; numerous small hard stony tumours, like small peas or shot, are felt under the adjacent cuticle; the glands in both axillæ and in the neck are rapidly affected. The hitherto sound breast is shrivelled and immovable; more pain is felt there than in the primary seat of disease; respiration is impeded, and the poor sufferer feels as if enclosed in a corselet of steel. The lymphatics rapidly deposit the poison in other organs. Breathing becomes difficult and painful, until death, through effusion or other causes, speedily ends the hopeless suffering.

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II. FUNGOIDES, OR ENCEPHALOID OR MEDULLARY CANCER.

This form of cancer is so called from its resemblance to *brain-like matter*. Like most of the other forms of cancer, fungoides, or fungus hæmatodes, always commences as a tumour, but, unlike scirrhus, it is soft and elastic to the touch, and when ulceration takes place, instead of the structure being excavated and destroyed, a fungous growth rapidly springs up. This form of cancer consists of pulpy, brain-like matter, soft and elastic, filled with many large blood-vessels, bleeding, after ulceration has once taken place, on the slightest touch, and so, speedily producing exhaustion, and death.

Most writers state that fungoides is seldom met with in the breast. My experience must, then, be exceptional, for I have met with many cases of this most formidable disease in the mammæ, and although this is considered the most unfavourable form for treatment, yet I have been the means, under God (as will be shown hereafter), in effecting many radical and permanent cures. It is frequently found in the cavities of the face, as in the orbit, the nasal cavities, and the antrum Highmorianum; also in the testes, liver, and breast, &c., &c. It not unfrequently attacks bones, especially their extremities.

Like scirrhus, it is met with under two forms, either enclosed in a sac (scirrhus is never encysted), or infiltrating the tissues of organs. As a rule, it grows with great rapidity. If the breast be attacked,

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the disease commences as a small *smooth* tumour, feeling as though it contained fluid; at first it is comparatively harmless, but it grows very rapidly, and the breast becomes enormously enlarged and swollen; the skin looks bright and shining, of a glazed reddish purple hue. The skin is so stretched that it appears as if it would burst; while underneath it veins are distinctly seen. The nipple disappears, and, in many cases, distinct pulsation can be felt. Again my experience differs from that of others; for most of the writers on this disease state, "that the adjacent glands become speedily affected." I have met with many cases of fungus hæmatodes in all its stages, but in none were the axillary glands affected; for in many cases, even after ulceration had set in, and the breast had been converted into a bleeding mass, have I been enabled, through God, to effect a permanent and radical cure (as will be proved). At this stage the pain from distention is agonizing; but soon one spot on the glistening distended skin is seen to project, of a reddish purple hue, more intense in colour than the rest, which becomes more and more elevated. Soon ulceration commences, generally from an opening resembling that made by the exit of a Minié bullet as it passes through the body—circular, ragged, and torn; and the enormous malignant growth, hitherto confined in the cyst or cellular tissue, bursts forth immediately, and increases with inconceivable rapidity. The pain is not much subdued; the protruded growing mass constantly exudes a sero-sanguineous fluid, bleeding on the slightest touch, which speedily exhausts and destroys the

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poor sufferer. As a rule, after ulceration has taken place, there is a little remission of pain; but in a few instances I have had cases, not only of fungus hæmatodes, but of scirrhus, in which there was no pain from the commencement of the disease until its termination in death: but these, unfortunately, are exceptional cases. Although noted by surgeons as the most formidable of all malignant diseases, yet my experience has proved that, treated in the manner hereafter described, it becomes most manageable. I know, at the present time, several cases which were pronounced incurable some years ago, by leading hospital surgeons; they are now quite well, and enjoying even robust health. Indeed, so convinced am I of the curability of fungoides under proper treatment, that I would rather undertake to treat five cases of it before ulceration has taken place, than two of scirrhus; for I should have more hope of effecting a complete and radical cure in the one, than I could have in the other.

III. COLLOID OR GELATINOUS CANCER.

Cancer under this form generally attains to a considerable size. It consists of cells, containing a yellowish semi-transparent fluid. Again my experience differs from that of most writers on this subject. I have never met with it as a primary disease, but always secondary; *i. e.*, after the first disease had been removed, then colloid cancer sprang up in its place: or, by secondary deposits, in other organs, during the primary disease. Several cases of

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this rather uncommon form of cancer will be mentioned in their proper place. I may state here, that although the five forms of cancer are seemingly so different from each other, still they bear a close affinity, showing that they are one and the same disease; for, in recurrence after operation, we frequently find fungoides reproduced instead of the primary scirrhus, and so on: nay, when scirrhus exists in the breast in its latter stages, it is not uncommon to meet with medullary disease in other organs of the body. I have only met with colloid cancer in the breast, but it is not uncommon in the abdominal viscera, &c.

IV. MELANOSIS, OR BLACK CANCER.

This is considered to be merely a form of fungoides. Mr. Paget regards melanosis as "being, with rare exceptions, merely medullary, or encephaloid cancer, modified by the deposition of black pigment." Müller states, "that although melanosis appears as a peculiar morbid growth, yet it is merely a variety of cancerous degeneration, and terminates in the same way as other forms of carcinoma. This similarity is shown, in the by no means unusual combination of melanosis with other species of cancer." Again, Müller writes: "Melanosis is generally lobulated, whether it forms the whole of the morbid growth or is merely interspersed through the substance of some other form of cancer. When it appears in the substance of an organ, it forms masses more or less completely isolated." Sir Robert Cars-

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well divided melanosis into *punctiform melanosis* and *tubiform melanosis*. In the former, it appeared in the shape of minute dots on the surface of the skin; in the latter, it occurred in the form of tumours, from the size of a millet-seed to that of an orange. It is sometimes, though seldom, found in the breast; frequently in the eye, lungs, and testes. I have seen the punctiform variety spread over the chest and abdomen. Its course is similar to that of fungoides.

V. EPITHELIAL, OR SUPERFICIAL OR SKIN CANCER.

This form is a variety of scirrhus, generally arising from a wart or mole. I may here remark that, in the great majority of the cases of cancer which have come under my observation, I have observed that warts, especially those that are pedunculated, are found on different parts of the body. Indeed, in cases of scirrhus, I have seen these little minute pedunculated warts, thickly attached to the neck and upper portions of the body. The absence of warts in a cancerous patient is the exception. In course of time, either from irritation or injury, the wart ulcerates. Ulceration then spreads rapidly, rarely burrowing, but superficial, destroying the adjacent integuments, giving rise to hot, burning pains, and exuding a watery, ichorous matter.

Having described those forms of cancer most commonly met with, it is now necessary to point out how they may be distinguished from

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other tumours of a non-malignant character, to which they very closely simulate in their primary stage. Scirrhus, in most instances, can be diagnosed by its hard, angular feel, differing from that peculiar to fibrous or fatty tumours: although they may convey a sense of hardness to the touch, almost equal to that of scirrhus, still, in them the ragged, sharp, angular edge of true scirrhus is wanting. Fibrous tumours generally are of a larger size, and they do not possess the lancinating pain peculiar to scirrhus. If they cause pain or aching, by pressing on a nerve, that pain is constant; but in malignant scirrhus, the darting pains are not constant, being felt only at intervals—yet as the disease progresses, not only do they increase in intensity, but they become more frequent, until, in the latter stages, they occur, in agonizing paroxysms, every few minutes. In scirrhus these terrible shocks of pain generally occur when the patient feels most comfortable—indeed, when least expected. I have seen more than one case in which the poor sufferer, having forgotten her former sufferings for a time, suddenly clasped her hands to her breast, with an inexpressible look of anguish, and exclaimed that she felt as if a knife were suddenly driven through the seat of her disease. No fibrous or fatty tumour ever causes such agony, as that produced by stony cancer. If any doubts as to the nature of the tumour still remain, they are speedily removed when the ulcerative stage commences.

Fungoides or encephaloid cancer, colloid, and melanotic disease, may sometimes be confounded with abscesses, cystic or other non-malignant tumours, as

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aneurisms, &c., &c. A sensitive touch in these cases is required. An old surgeon said "that a surgeon should have eyes at the tips of his fingers." A delicacy of touch can only, in the primary stage, detect the true character of morbid growths. The proper manner to test these tumours, is to grasp the diseased mass with the thumb and forefinger of the same hand, when a very gentle tap of the forefinger will communicate the sensation to the thumb, whether fluid be present or not. By this means, the fluid in an abscess can be readily distinguished from the soft yielding feel, conveyed by encephaloid disease. Independent of touch, the commencement and progress of an abscess is so different, and the pain so totally distinct, that, with a little care, they cannot possibly be confounded together. To distinguish them from aneurismal sacs it requires more care; but a surgeon conversant with anatomy, and by feeling the tumour very gently in different parts, can rarely be mistaken.

THE CAUSES THAT PRODUCE CANCER.

The causes producing cancer are as yet but imperfectly known. Hereditary taint is no doubt a fruitful cause. Velpeau states that hereditary taint was the exciting cause in more than *one-third* of the cases he met with. My experience differs from that of the justly celebrated French surgeon, for in referring to my books I only trace a hereditary taint in *twenty-two* per cent. of my patients. It has been met with in different organs at birth. I have met with it in one case, in which hereditary taint could

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be traced, at the early age of eighteen months, and again, I have met with it in a case, where hereditary taint had existed for two generations (it did not appear until the age of *seventy-two* years). During these years, my patient had no symptoms that led her to suspect, the presence of the virulent poison in her system, for I believe, that it existed there from birth; any exciting cause, however, such as a blow, or constant irritation, would have developed it in earlier life; but, having been free from all exciting causes, the disease was not developed, until natural decay and prostration of strength had commenced. In the majority of cases, however, cancer appears without any exciting cause. It is often met with in the middle-aged, the strong and robust, who, previous to its appearance, to use their own expression, "had never suffered from a day's illness in the course of their lives." Many surgeons of the present day, ignore the constitutionality of the disease in the first instance; they, however, admit, that a blow, especially on a gland, frequently gives rise to it. They also admit, that constant irritation, as that caused by the ragged edge of a broken tooth against the tongue, or pressure from dress on the mammæ, sometimes gives rise to cancer, yet still, profess their disbelief of its presence in the system. Why, if this actual presence were not required to produce the disease, and acknowledging that in some cases a blow, or continued irritation gives rise to cancer, if their theory be correct, "that the presence of the virus is not necessary for the production of the disease," then every blow, and every cause of irritation, should produce

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the disease; for surely we may accept as an axiom, "that, all things being equal, the same exciting causes, will produce the same results;" therefore, blows, or continued irritation, must always produce cancer, or be always innocuous. This we know too well, is not the case. I believe that this malignant virus may exist, and does exist, in the system for years; that it will lie dormant until some exciting cause (such as inflammatory action, set up by a blow, continued irritation, reduction of strength through illness, old age, or some other cause) calls it into action. Another proof: it has frequently been remarked, that hereditary cancer like some other diseases, frequently passes over one generation, and reappears in the second, or even in the third, proving that the malignant virus is transmitted, from parent to child. Otherwise, why should the second generation of these unfortunates be afflicted? This I can prove, by several cases, in one of which the disease has been transmitted for four generations. Again, we frequently meet with families in which one sex alone is afflicted. In one family in Northamptonshire, the male members of the family, for several successive generations, have suffered from malignant disease; the females and their children have been exempt.

The case of hereditary cancer of a child (boy) eighteen months old, which will be found related on another page, is the eldest son of a younger brother of the family I have alluded to. The child suffered from osteo-sarcoma of the lower jaw, was cured, and is now well.

How can those, who deny the existence of

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primary taint account for these facts? Again, it is not uncommon to meet with families, in which the females, sooner or later, are struck down with this disease. Within the last week I saw a lady, one of three daughters, who consulted me: she told me that her two sisters had died from cancer. At present she is suffering from the disease. I quote the opinion of a celebrated French surgeon, Baron Boyer, as to the constitutions in which cancer may be developed. He said, "On observe que les sujets d'un constitution BILIEUSE d'un caractère triste et mélancolique, chez lesquels la sensibilité et l'irritabilité sont très-developpées, y sont plus exposés; ces circonstances sont-elles vraiment des prédispositions au cancer, ou bien, doivent-elles être considérées seulement comme propres à favoriser l'action d'une cause intérieure, capable de produire cette maladie et qui n'est point encore manifestée sous sa forme propre?" ("*Traité de Maladies Chirurgicales*," tome ii., p. 292.)

I cannot agree with the Baron, for I find that cancer is as frequent, and even more rampant, among the seemingly healthy and robust, as among the bilious and dyspeptic.

In a word, we know little of the producing cause of cancer, further, than that it is an insidious poison, which may lie dormant for years, and is only called into activity and growth, from some exciting cause; that, when it is developed, it may, for some farther time lie dormant, in the form of a tumour or morbid growth, but sooner or later it increases, and if proper means are not employed for its removal, it will sooner or later destroy life.

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TREATMENT BY THE PROFESSION.

Having thus far discussed cancerous disease, I will now examine the means generally adopted to avoid, or at least to check, and modify, this formidable malady. Unfortunately, and I say it with all respect, this disease has come under the treatment of the surgeon, more than that of the physician; and our surgeons, being mostly educated as pure surgeons, this terrible scourge has not received, in my opinion, the care and study that its magnitude demands; for, unfortunately, surgeons are disposed to adopt local means alone, whilst pure physicians, run into the opposite extreme, ignoring all local treatment, and only employ those of a constitutional character; and the patient, being placed, as it were, between two stools, is the sufferer.

With but few exceptions, the surgeons of Great Britain advocate exsection by the knife; and if the theory expressed in most of the surgical works of the day, were correct, then the knife would be the speediest and most certain remedy that could be employed. The ignoring the presence of a constitutional taint is one reason why surgeons advocate exsection, as the only means of relief; for if no virus existed, then the removal of a local morbid growth, unconnected with the other organs of the body, would terminate in every case, in a radical cure. Alas! however, it is far different, for it is admitted by our leading surgeons, that exsection, instead of saving or even prolonging life, in ninety-nine cases out of a hundred, hastens death. This,

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however, is not one of Mr. Paget's various opinions, for he states, "the average duration of life of those patients labouring under this form of disease, in whom the primary affection is removed, to be about twenty-eight months; whilst the average life of those in whom the disease is allowed to run its course is scarcely more than two years."

The report of the Governors of the Cancer Hospital for 1862 does not confirm Mr. Paget's opinion, for this report, when speaking of the results from operations by the knife, states, "That of two hundred and forty-four persons operated upon, the average lapse of time before the disease returned [admitting that it returned in all the cases] was no more than fourteen months. In thirty-seven cases of operation noted during the past year, twenty-nine were attacked again, within six months" (*Cancer Hospital Report*, 1862).

Again, there exists great diversity of opinion among the leading surgeons, as to when the operation should be performed: some advocate that the tumour should be excised at as early a stage of the disease as possible; others, again, recommend that no operation should be performed, until the disease has advanced to a certain stage. I regret I cannot inform my readers at what stage of the disease these gentlemen consider a cancer to be ripe for the knife. My great objections to exsection are: In ninety-nine cases out of a hundred, the cancer is pretty certain to return; and if the disease does reappear after exsection, it is admitted by all parties, that in whatever situation it may recur, its course will be much more rapid than

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in the primary form. Frequently I have a number of cases of secondary disease under my care, and, on referring to a table of cases I published in 1863, I find that in eighteen cases of cancer of the lip which were operated on, the average period between the operation and the reappearance of the disease was only nine months. In seven cases of cancer of the neck the disease reappeared within three months. In three hundred and twenty-seven cases of cancer of the right breast, the average time before recurrence was eleven and a half months; and in two hundred and seventy-five cases of the same disease in the left breast, thirteen months elapsed before the disease again reappeared. Add to this the danger attending operations, for it is no uncommon occurrence for a patient to die under the knife, as is weekly witnessed in our large hospitals. Dr. Druitt, in his work, says "that some patients are killed by the operation itself, and that some have died from being operated on for what afterwards proved to be no cancer at all" (*Druitt's "Surgeon's Vade-Mecum,"* 6th ed., p. 115).

Many leading surgeons, not only of this country but of others, agree as to the unsatisfactory results of all operations by the knife in malignant disease, for Mr. Paget says, in another work from that quoted above, "he is not aware *of a single case of recovery;* and, as to the influence of an operation in prolonging life, I believe that the removal of the local disease makes no material difference in the average duration of life."

Mr. Fergusson says, "My own experience coincides entirely with that of every unprejudiced

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observer, that when malignant growths are removed with the knife, their return is but too likely."

The late Professor Miller wrote: "It is only a small number of the many cases which present themselves to the surgeon, which warrant operation."

Mayo, in his "Outlines of Pathology," says, "After amputation of a scirrhous breast, under the most favourable circumstances, I believe, that in *ninety-nine cases out of one hundred the disease returns.*"

In a Report "On the Utility of Surgical Operations in Cancer," presented to the French Academy of Sciences by Dr. Leroy d'Etoilles, in 1844, it was shown, from documents furnished by 174 practitioners, that the average time from operation, until death, is one year and five months; and he adds, that in operating early, it does not appear to be the fact that the tumour is prevented from degenerating."

Dr. M'Farlane, late Professor of the Practice of Medicine in the University of Glasgow, states (*Medical Gazette*, 24th June, 1838), "that of thirty-two cases of well-marked cancer of the breast, which were operated upon by himself, and eighty-six cases that were operated upon by his friends, *not one was permanently cured.* Several of the operations were fatal." He is of opinion that "the operation never arrests, but almost uniformly accelerates, the progress of the disease."

Having proved that the exsection of malignant tumours is unsuccessful, I will now consider another means frequently employed for their removal, viz.:—

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CAUSTICS.

Caustics have been extensively used, not only by the surgeon, but by empirics, to effect the removal of cancerous growths. Among surgeons in this country caustics have never met with much favour, but it has been otherwise on the continent. Mons. Velpeau used extensively, glacial sulphuric acid rubbed up with saffron, into a black paste, with which he removed cancerous tumours. Nitric acid is frequently used, in attempting to destroy malignant superficial ulcers. Nitrate of mercury is frequently employed for the same purpose (this mineral salt causes more pain, than any other caustic). Chloride of zinc has been extensively used by many. Mons. Canquoin, of Paris, uses a paste of equal parts of flour and chloride of zinc, formed into cones; he pierces the affected breast with a trocar, and then introduces one of these cones; this, probably, is done in seven or eight places at one sitting, and it requires five or six sittings to destroy a morbid growth in the breast. My informant was a lady, the late Mrs. C. B——, of Monmouthshire. This lady, being peculiarly sensitive for fear her disease should be known, went over to Paris and placed herself under Mons. Canquoin. He pierced her breast in six or seven places and then introduced the chloride of zinc cones. Long before each operation was finished (and she submitted to the same ordeal five times), she fainted. The agony she endured for two days after each operation was indescribable. Her breast in this manner was literally burnt away. Within a

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very short time a recurrence took place, and, returning home, she placed herself under my care. Cancerous disease was not only present in the cicatrix, but the axilla, neck, and other parts of the body. In such a sad case, palliative treatment was all that could be employed. She lived for nearly two years under that treatment free from pain or suffering.

Mons. Landolfi some years ago, employed a preparation of the chlorides of gold, zinc, and bromine, but the agony was intense, and the results were very far from being satisfactory.

Arsenic has been extensively used, especially by empirics, and in some cases with serious results, for arsenical poisoning has been induced in many cases.

It is the base of many quack remedies for the destruction of warts, and for healing indolent sores. I have seen persons afflicted with secondary cancer, who informed me that their primary tumour had been removed, by a shepherd, or some other equally gifted individual. The preparation they used is a mixture of the powdered leaves of liver-wort, or crowfoot, carefully mixed with arsenious acid, and then made into a paste with some turpentine; the turpentine is allowed to evaporate, and the powder is then mixed with the yolk of an egg, and applied over the tumour they wish to remove. In all the cases I have met with, the primary growth had only been partially removed, and no wonder a speedy recurrence always took place.

The use of arsenic in the treatment of this disease is not confined to the empiric, or ignorant, for I find in a paragraph in the third volume of the *Pharmaceutical Journal* for 1861-62, an extract from

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the *Lancet* of 1st March, whether of 1861 or 1862 I do not know, quoting: "The following is Dr. Marsden's formula for *arsenical* mucilage: Arsenious acid, gum arabic powder, of each one ounce, mixed with five drachms of water. The parts affected are to be painted night and morning (*never exceeding one square superficial inch*). As the part becomes deadened, it must be allowed to slough off, aided by the application of simple bread-and-water poultices; when all diseased parts have been got rid of, a carrot poultice should be applied during the night, and a weak black lotion during the day (*calomel, one drachm, lime water, one pint*), until the parts entirely heal." The leading surgeons tell us, never to irritate, or produce irritation near, a cancerous growth, but here we find a gentleman who at one time was the head of the Cancer Hospital gravely proposing to destroy cancerous growth by the inch! The effect on the untouched portion of disease may be imagined; for arsenic in its various forms is a most painful caustic, and sets up more irritation and inflammation than any other mineral application (excepting that of nitrate of mercury) known. I have not heard of its application being lately used in the Hospital referred to, and I hope they have now relinquished such a severe and useless treatment.

FREEZING.

Intense cold as a means of producing sloughing in cancerous tumours, was first suggested in 1821 by a writer to the *Edinburgh Journal* (vol. xvii., p. 311):

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"Suggestions respecting the possibility of destroying cancer by the application of intense cold, communicated to the editor by a medical friend: An expedient has suggested itself to my mind, by which, I think that the application of artificial cold to a diseased part might be rendered very manageable; *i. e.*, by employing masses or plates of metal, cooled down to the requisite degree, in a frigorific mixture, and then applied for a sufficient time to the part upon which it might be wished to induce mortification." Dr. James Arnott some years ago, revived freezing as a curative agent, in the treatment of cancer. From the cases I have seen in which it had been previously tried, I cannot hope for benefit to cancerous patients. Indeed, in my opinion, it is very injurious, as, when reaction takes place, the disease, instead of being soothed, is excited and irritated, causing increased rapidity of growth.

Tuson states, "The application of cold to tumours of the breast cannot be safely employed, as it endangers inflammation of the chest, either membraneous or visceral, which might prove fatal."

COMPRESSION.

Compression has found many advocates, but a more unphilosophical mode of treatment, to my mind, can scarcely be imagined. Take, for example, fungoides of the antrum Highmorianum. There the disease is enclosed within bony walls; as it grows it is compressed within these walls. Does this complete pressure stop its growth?—a compression far more complete than our present mechanical appliances

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enable us to exert in external tumours. No, in spite of the compression, sooner or later it bursts away from all confinement. Can pressure, then, exert any influence over these growths? My experience has been, that it is decidedly injurious. It was first introduced by a Mr. Young, early in the present century. Sir Charles Bell condemned its practice. It has lately been revived by modern surgeons. I have met with four cases in which it had been tried, and serious mischief had resulted from its practice. Why, how can pressure cure a disease that is not local, but constitutional? Indeed, the only effect of compression in such cases would be to increase the activity of the absorbents, and so accelerate the deposition of the disease through the system, to reappear in different, and more dangerous parts. Mons. Fanchon, a French surgeon, recommends a sort of medicated compression, viz., "compression, and the continued application over the parts affected of a muslin bag, containing a powder composed of one part of iodide of potassium, two parts of chloride of sodium, two of burnt sponge, in powder, and eight of muriate of ammonia; or at other times, of an absorbent powder consisting of nitrate of potass and Florentine orris root, one part of each, and powdered burnt sponge twenty parts. Thirty individuals treated by the above remedies are said to have experienced such marked benefit as to require no operation ultimately for excision of the diseased organ. In some, though not in many cases, the mammary glands are stated to have become wholly absorbed as an effect of the application" (*Lancet*, vol. xiv., Dec. 31, 1842).

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ACETIC ACID.

Two or three years ago, Dr. Broadbent, of St. Mary's Hospital, introduced a plan of injecting acetic acid into the centre of a cancerous tumour. His theory was very beautiful, but unfortunately there is a vast difference between theory, and the actual results produced in practice. He founded his treatment on the fact, that cancerous cells are dissolved after removal from the body, by dilute acetic acid, and very ingeniously threw some of the acid into a scirrhous mamma. He reported favourably of the results, and cited several cases, in which he was successful in mitigating disease. Again my experience is adverse to this treatment. I tried it in eleven cases, and in all, it did much harm. Two were cases of chronic scirrhus, disease dormant, and causing no pain or uneasiness. I injected both with the dilute acid, hoping, according to Dr. Broadbent's theory, to be able to dissolve the scirrhus, and so absorb the tumour. The effects, however, were far different; the acetic acid caused in every case intense, acute, and instant pain; inflammation set in, suppuration took place within ten days in one case, and within nineteen days in the other, each rapidly degenerating into the common excavated cancerous ulcer. I discontinued the use of the acid, and by immediately enucleating the mammæ, I, through God's blessing, saved the lives of my patients; both are now living and well. The other nine cases, were all in an advanced stage of the disease; in every instance it caused acute pain, setting up high

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inflammatory action, and increasing the destructive process. Since then I have not felt justified in trying it, in other cases.

FROGS.

Within the last few months a Dutch gentleman, not connected with the medical profession, but who has resided for some years in India (Mr. Schmidt), has created some interest on the Continent, by his treatment of cancer, more especially in connexion with Count Von Goltz, who is said to have been suffering from cancer of the tongue and fauces. Sufficient information has not yet been received as to the results of the treatment. When in Prussia a few weeks ago, visiting a patient, I was informed by a lady that his treatment depended on the free use of frogs; to use her words, "He (the Count) ate frogs, drank frogs, was rubbed with frogs, lived with frogs, and slept with frogs." Of course this description to some extent, was an exaggeration, but perhaps Mr. Schmidt first obtained his idea from some knowledge of homœopathy; for I, with many other homœopathic physicians, have found great benefit in certain forms of this disease, from the administration of a second or third decimal dilution prepared from the rana buffo. From the well-known and marked success of a preparation made from *frogs*, in obstinate cases of rheumatism, more especially in rheumatism of the joints, I am satisfied that much benefit can be obtained by their use in treating malignant tumours, and, *D. V.*, in Spring I intend to investigate and try the various

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preparations, in cases of malignant disease, the results of which, when completed, I will make public. I trust that Mr. Schmidt may prove successful, for any treatment that offers a reasonable hope of success will be received with gratitude, not only by the profession, but also by all those who have the interests of suffering humanity at heart.

ELECTRICITY OR GALVANISM.

Electricity or galvanism, has been called into use for the treatment of malignant tumours. An excellent article on this subject appeared in the *Medical Times and Gazette* of April 25, 1868 (p. 440), by Dr. Julius Althaus. This gentleman advocates the treatment of tumours by electrolysis. He employs a battery of fifteen cells, being a modification of Daniell's. The result of his experiments, whether satisfactory or not, is not mentioned. In some cases I have no doubt he may expect encouraging results. My experience in this mode of treatment is not sufficient to enable me to give an opinion.

ACTUAL CAUTERY.

The *actual cautery* is mentioned in the *Gazette Médicale* as "having occurred to Mons. Sedillot to create an artificial barrier to the progress of epithelial tumours, by the use of the actual cautery." This practitioner relates five cases in which this method seems to have been productive of excellent results; but the editor states, "but the operations are yet too recent to allow of the patients being con-

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sidered altogether safe from the chances of a relapse." These experiments were undertaken in 1859, and since then I have seen no notice whether they had proved successful or not. For my own part, my experience coincides with those of the leading English surgeons—"never to cause irritation near, or on, a cancerous growth;" and I should feel great reluctance in attempting to destroy with a red-hot iron any malignant growth, however small it might be.

I will now consider the means usually employed by the profession, in those cases of primary and secondary disease that have advanced too far even for the advocates of the knife, who defer exsection until the cancer is ripe; or, in other words, when the cancer is *too ripe* even for the knife. On referring to the works and prescriptions of the leading surgeons, I find that they pay no more attention to constitutional treatment in the terminal than they do in the primary stages of the disease. However, all the information that can be gathered from medical works is lamentably meagre. In one work we are told to avoid all counter-irritation near a cancerous tumour. In another, to subdue all local excitement that may arise, by the application of a few leeches now and then; if the tumour is still unulcerated, to cover the morbid growth with a belladonna plaister. In another, when ulceration has taken place, Condy's fluid seems to be the favourite and only application recommended. In the reports of the Cancer Hospital, we find a preparation of the liquor plumbi, mixed with oil, recommended.

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The following is the formula for this lotion :—

℞ Liq. plumbi acet.
Ol. amygdal.
Aq. singul. ℥ij
Fiat embroc.

In this institution the surgeons, I believe, consider that an excess of acid exists in cancerous diathesis; for we find carbonate of soda freely administered, in doses of fifteen grains, twice daily. I have never been able to detect excess of acids, or even a tendency to acid diathesis, in any of all my numerous patients. When the liquor plumbi lotion has been pushed far enough, so as to affect the system, it is advised to be discontinued, and the following embrocation used instead :—

℞ Cerat. saponis
Ol. amygdal. *aa* ℥ij
Tinct. hyoscyam. ℥j
Fiat embroc.

When the sufferer is reduced and weak, the following tonic is frequently prescribed :—

℞ Sp. ammon. arom. ℥ij
Tinct. rad. serpent.
,, gent. co. *aa* ℥ss
Aq. font. ℥viij
Cap. cochl. iij ampl.

These in themselves are good preparations, but how they affect a cancerous growth, I am unable to tell.

CITRIC ACID.

During the summer of 1864 it was stated "that Dr. Brandini, of Florence, had discovered a real alleviation for the torments caused by cancer. In his

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account of his discovery he says, "that one of his patients, aged seventy-one, at the hospital of Santa Maria della Scala, being afflicted with cancer of the tongue, in the midst of his torments asked for a lemon, the juice of which almost immediately diminished the pain. The patient, on finding this, asked for another on the following day, and it gave him still greater relief than before. This led Dr. Brandini to try citric acid itself, in a crystallized state. A gargle was composed of four grains of the acid in 350 grains of common water, and it entirely carried off the pain; on its reappearing, the same remedy was repeated with the same success. In the course of a month, this treatment not only delivered the patient from all suffering, but even reduced the swelling of the tongue very considerably." Dr. Brandini has also tried the same remedy in other cases with similar results" (2nd series *Pharmaceutical Journal*, vol. vii., 1865-66). I have given lemon-juice, citric, and tartaric acids, freely in this disease; in some few cases it did produce abatement of the pain; in others it decidedly increased the suffering. May not an Italian climate, and the habits of the patients living there, accustomed as they are principally to a fruit and vegetable diet, have some effect in the action of the citric acid, which fails to produce any beneficial result in our colder climate?

CONIUM.

Conium is frequently used. In the homœopathic form, especially as conicynum, it has considerable

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power in allaying pain in the latter stages of scirrhus, both as a topical application, combined with some unguent, and also when administered, in decimal dilutions, internally.

NITRATE OF SILVER.

A weak lotion of nitrate of silver has been recommended as a useful dressing for fœtid cancerous ulceration.

FERRO-CYANATE OF POTASSA.

Mr. Carmichael, of Dublin, recommended the prussiate of iron as a topical application in cancerous ulceration.

IODINE.

Mr. Hill, of Chester, in a case published in the *Gazette of Health*, No. 152, p. 244, states that "the internal use of iodine, and topical dressings of the ointment of the iodide of potassium, produce very beneficial effects; it gives no pain, and after dressing, the patient always observes 'it feels comfortable.'"

CHLORIDE OF CARBON.

Mr. Tuson first introduced chloride of carbon in treating cancer of the breast. He states ("Tuson on the Female Breast," p. 411), "The first trial of this preparation, which I introduced as a medicine, was as a local application to a cancer of the breast, and its effects were of a sedative character. The patient was relieved from a great deal of pain, which she had previously suffered from. It was given internally, one drop in water, at night. It produced

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sleep and perfect ease. The dose was increased to two, and afterwards to three drops; and the patient, after taking a dose of three drops, slept for twenty-eight hours. When she awoke, she appeared and said she felt as if she had been intoxicated. In this case it produced sloughing of the diseased structure." Mr. Tuson again states, "In some cases it has little or no effect, occasionally affecting the head, and making the symptoms more aggravated."

INDIAN HEMP.

The Cannabis indica, a variety of the Cannabis sativa, or common hemp, has been used both topically and given internally. The bang, with which the natives of India, and the háshísh, with which the Turks, produce intoxication and delirium, are prepared from this plant. Tuson recommends a lotion to be prepared from the Indian hemp, and also advises it to be given internally. Its physiological effects are so striking and so various, affecting individuals so differently, that I would advise it to be employed with great caution. I believe it is a constituent of Mr. Browne's chlorodyne, which in some cases acts admirably, in others causing great exhilaration, phantasms, more or less confusion of intellect, and stupor. The best preparation is the alcoholic extract, of which one grain is the usual dose.

HEUCHERA AMERICANA.

The Heuchera americana, or alum-root, has been highly extolled in cancerous sores. The heuchera

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belongs to the Saxifragaceæ, sub order, Hydrangea. This root is powerfully astringent, and is applied by the Indians to wounds, and to obstinate ulcers. Dr. Barton states that it forms the basis of a powder, which enjoys some reputation as a cure for cancer. I have never employed it myself.

PLICARIA HELMYNTHOCORTON.

Plicaria helmynthocorton, Corsican moss, has been recommended by some as a remedy for cancer. Its physiological effects, according to Pereira, are not very obvious. The vegetable jelly must render it somewhat nutritive; the iodine and saline matters alterative. Mr. Farr ("A Treatise explanatory of a Method whereby Occult Cancers may be Cured," 2nd edit. 1825) states "that, after using the decoction of Corsican moss for six or seven days, it acts as a diuretic and diaphoretic, and occasionally produces nausea and giddiness. After some time the stools become darker, present greenish specks, and are sometimes slimy." Dr. H. Sully, some years ago physician to the Wiveliscombe Infirmary, and surgeon to the late Duke of Cumberland, mentions a case he cured with the Corsican moss.

SOOT.

Mons. Debreyne recommends soot as an application to cancer of the breast, even when ulcerated, very painful, and fetid. The treatment consists in embrocations twice daily over the diseased parts with a tepid decoction of soot, and in dressing with the following ointment:—

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℞ Adepis vel Glycerinæ, ʒij
Fuliginis (soot), ℥ij
Extract. belladonna, ʒij

The success which attended the use of this local medicament, induces Mons. Debreyne to think that it might be advantageous to exhibit, at the same time internally, a tincture or an alcoholic extract, which he proposes to call *Fuligine*. (*English Translation of the "Journal of Practical Medicine and Surgery."* Art. 5,792.) Surely this is homœopathic to the disease, if it be the cause of that form of cancerous disease, generally known as Chimney-sweepers' cancer. This rational mode of treatment I have employed in many cases, but, unlike Mons. Delreyne, my success was such that I cannot speak favourably of the remedy.

FIGS.

Having very briefly noticed the means generally employed, to palliate this disease, I might now, if space allowed, detail some of the more empiric remedies in use. These for the most part consist of strange mixtures; I will only mention two of them. The first is the free use of figs. It was started into notoriety, by a chemist in the West End, who some years ago issued a circular, proclaiming that figs, and figs alone, could cure cancer. The figs were first to be boiled in milk, and, to ensure constitutional success, the milk was then to be drunk, and the figs applied to the cancer. Perhaps no application is more drawing and irritating than that of figs; and when the wisest in the

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profession warn all, against employing any irritating application to, or near a cancer, the effect produced by fig poultices may be imagined. I myself have met with very many cases in which human life has been sacrificed through the empiric use of otherwise innocuous figs.

CLEAVERS', OR GOOSE-GRASS.

The Galium Aparine, or cleavers' or goose-grass, has long been a favourite remedy for cancer, not only in this country, but also in America; and we have more proof, that in some cases it is beneficial, than we have of any other popular remedy that I know of. The expressed juice, as an effusion, is generally taken internally, whilst the bruised leaves and stalks, are either themselves applied to the cancerous parts, or an ointment is prepared from them, which is rubbed into the tumour. I believe it first became known and popular, through the Rev. Dr. Bateman, who published some surprising cures by the use of clivers, or cleavers; the date of his letter is September 1, 1783. Very many of my country patients have used these cleavers for months, and in many cases the progress of the disease has been checked by their use. Some fifteen years ago, I used them freely, but with little success. In the *British Journal of Homœopathy*, (vol. xxiii., p. 139, 1865), Mr. F. A. Balley, F.R.C.S., describes "a case of hard nodulated tumour of the tongue, apparently of a cancerous nature, which disappeared under the use of Galium Aparine."

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COUNTRY REMEDIES.

Certain parts of the world, more especially the inland counties of England, are celebrated by having their wise man or wiser woman, who has a cure for every complaint, generally very simple, and very harmless, unless from the delay incurred in trusting to a broken reed, thereby causing much valuable time to be lost. From almost every county, I have heard of such wise people; and it is surprising the amount of credulity that exists, even among those of the upper class. In one of the central counties of England there is at present, such a *very* wise woman, who says she can cure every case of cancer, by her believers or dupes only taking half a teacup of the following mixture, *regularly*, three times a day, for a very uncertain length of time, viz.: Two ounces of Spanish liquorice is to be broken up, and put into an exact quart of water; to this is to be added a piece of saltpetre the size of a nut (what kind of nut is not named), and this is put beside the kitchen fire, until, the liquorice is dissolved and the water reduced one-fourth. Of this specific, half a teacup full is to be taken three times daily. I should not have noticed this silly remedy, if it had not been told me by a lady, in the upper ranks of life, who had been taking this mixture for months, without any visible effect on her disease; and, although a lady of education, she asked my permission to continue the doses when under my care. If very wise women, can have such influence upon the educated, what must their power be, over the ignorant!

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It seems very strange, that, although cancerous growths are universally admitted by the profession to consist principally of albumen, no effort has been made to check or arrest the tendency to deposit it; for almost all surgical writers seem to view this disease, as being merely local, and direct their attention to its removal chiefly by the knife or caustics. The French school of surgeons merely urge the necessity of some constitutional treatment.

"Mons. Velpeau prescribed, in the case of a stout, lymphatic woman, most probably affected with lardaceous medullary sarcoma, of the breast, with suspicious swelling in the axilla, who was unwilling to submit to an operation, the following medication:

"1. To take, night and morning, in a cup of infusion of hops, a tablespoonful of

℞ Aq. destil. ʒxvj
Potassæ hydriodat. ʒijss
Tinct. conii, ʒjss

"2. To drink at meals the mineral water of *Bussang* or *Condillac*, mixed with wine.

"3. Every eight or ten days to take as an aperient a bottle of Seidlitz water.

"4. To take twice a week an alkaline bath.

"5. Morning and evening to anoint the breast with a mercurial ointment containing iodine."—*English Edition of French "Journal of Practical Medicine and Surgery."* Art. 5,859.

The result of this treatment is not given.

Having thus briefly sketched the history and nature of cancerous growth, and the means generally employed, either for its relief or cure, I will

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now as briefly detail the methods of treatment which have proved, under God, so successful in my hands.

In treating malignant diseases the surgeon should direct his attention to attain, if possible, two great ends: (1) The removal of all disease with as little pain, and with as slight a shock to the system, as possible; and (2) to adopt such means as may prevent all recurrence of the primary disease. Unfortunately for the medical profession, in very few cases can these desirable ends be attained; not because few cases are curable, (for I believe every case of cancer, prior to a certain stage, may be cured, as readily, and as certainly, as other and milder forms of disease,) but from a morbid feeling (becoming as it were, a symptom of the disease itself), arising from a dread of the disease becoming known, and therefore concealing the truth until the favourable stage for treatment has passed away. Few, except a professional man, can imagine to what a lamentable extent this feeling is carried; but what is to me most surprising, is how the poor sufferers can believe for a moment, that no one knows about their disease but themselves. This is a strange, but prevalent, delusion in those afflicted with cancer. Some years ago, a married lady visited me, having ulcerated cancer in her right breast. She had all the cachexy of the disease in her face, and its peculiar fetid odour, was distinctly smelt when she entered the room. This poor lady gravely informed me, that neither her husband nor maid knew what was the matter with her! "For," she said, "they cannot know; I have never told them, and I always dress it

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myself, and destroy the dressings." I refused interference in this case until her husband was made fully acquainted with her state. Again, another lady, suffering from ulcerated scirrhus, was lately under my care; she blindly believed, that no one knew that anything was the matter with her. She was, poor thing, one of the leaders of fashion, and in spite of all my efforts, I could not induce her to give up the pleasures of the ball-room, even for a time; for she said, "If I am absent, people will begin to suspect that something is the matter with me, which no one at present does." What her suffering and her agonies must have been, while attempting to conceal her disease under these circumstances, none but herself could tell! She died shortly after the termination of the London season, three years ago, believing to the last, that no one had thought for a moment that she, the gay, the fashionable and lively ——, had suffered from cancer for two years, and was dying from the same. This morbid sensitiveness is not always the reason why the stage for successful treatment is passed by. Many other causes lead to this fatal delay: as, unwillingness to leave home, even for a short time; confidence in a medical attendant, who, perhaps, does not rightly understand the nature of the case; trying home or country remedies—as cleavers, figs, or some application recommended by the "wise woman" of the village. All these exert an influence on a patient already affected by disease, and in whom an unwillingness for exertion, especially such as that of leaving home, naturally arises. To these and similar causes may be

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ascribed the reason why medical men meet such a small percentage of cases of cancer in its first stages. Indeed, out of every hundred patients who come to me, I do not find more than seven cases, on an average, to whom I feel justified to propose the removal of their disease. In the other ninety-three cases, only hopes of palliation and arresting disease for a time can be held out. In some few cases, however, of the latter, after some months' treatment, I have been enabled eventually to remove all disease, and to restore them to their normal state of health.

Constantly bearing in mind that the two great objects a physician has in treating malignant disease are, first, to remove the local disease with as little irritation and suffering as possible, and, secondly, to use such prophylactic remedies as will most likely tend to prevent a recurrence of the disease, I have for many years pursued the following system :—

First, to remove the disease. On reviewing the opinions of the leading authorities, present and past, and remembering my own experience—for at one time I was accustomed to operate with the knife—I soon became convinced that exsection by the knife was not only futile, but injurious, in almost every case hastening on the fatal termination. On examining the effects of caustics, as usually applied, I found them not only to be painful and tedious, but, from the great amount of inflammatory action set up, more injurious than even exsection. My attention was then drawn to the modified use of caustics known as enucleation, which, when pro-

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perly managed, overcame many of the difficulties to which exsection and the old mode of applying caustics are liable.

ENUCLEATION.

The credit of introducing the plan for destroying a morbid growth by the repeated application of caustics is due to Justamond, an English surgeon of the last century, who for this purpose employed an arsenical paste (still known as Justamond's paste). In 1841, Mons. Girouard, a French surgeon, advocated its adoption; but in those days, as the medical profession were unwilling to accept anything new, it was soon forgotten. This process, which I have greatly modified, and succesfully employed for many years, is known by the name of enucleation; and although, in some respects, it is similar to that promulgated by Justamond and Girouard, yet the agents I employ are different, causing but little pain or suffering. The enucleating paste I employ is composed of equal parts of the powdered root of the Hydrastis canadensis, chloride of zinc, flour, and water. These, when properly mixed and combined, form a mucilaginous mass. If this should be applied on the healthy cuticle, its action would be merely that of an irritant; and in treating a deep-seated malignant tumour, it would set up great irritation, and do much more harm than good; to avoid this, and to enable the paste to act on the part, I rub the cuticle over with a few drops of nitric acid, of the specific gravity of 1·35. This seldom causes more pain than that produced by

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a mustard-plaster, or blister, and rarely continues longer than fifteen minutes; indeed, it is no unfrequent occurrence for delicate and acutely-sensitive ladies to submit to this application in my consulting-rooms, and within a quarter of an hour to leave, free from pain or suffering. Of course, in those cases where the disease is near to the surface, or where ulceration has already commenced, this first application is unnecessary, and never made. Although, in the majority of cases, the application of nitric acid causes but little pain, yet in others it gives rise to some constitutional irritation. To avoid even this comparatively trifling inconvenience, I have tried several expedients, but without much success. For instance, I have frozen the tumour, as practised by Dr. James Arnott, but always unsuccessfully; for the preparation necessary to freeze the parts always frightens and fidgets the patient; but, worse than all, when reaction takes place, the pain and suffering are increased a hundredfold. I have also in some cases tried Dr. Richardson's ether-spray. Excepting in very small tumours, it has been unsuccessful, as its application after nitric acid to them is so trifling; but the annoyance and discomfort produced by the vapour of the ether counterbalances by far the almost momentary unpleasantness produced by the acid. In one, all effects pass off in a few minutes; in the other, the constitutional disturbance caused by inhaling the vapour (for all the vapour is volatized in the apartment) sometimes affects the patient for days. Having given both of these popular anæsthetics a fair trial, I now prefer to apply dilute acid immediately to the tumour, espe-

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cially as the pain is trifling, and rapidly passes away. In those cases where the diluted acid has been applied, on the following day the surface should present a whitish appearance; this I dress with an ointment composed of one part of the enucleating paste, mixed with nine parts of calendula ointment. Very seldom is there any pain felt from this dressing; for by using a diluted ointment, the nerves of sensation, which are principally ramified on the surface, are gradually benumbed and destroyed, and thus I avoid much unnecessary pain; the strength of the ointment is increased by degrees, until, generally on the fifth or sixth day, the surface is thoroughly deadened, and all feeling in it destroyed. After this I draw perpendicular lines, about half an inch apart, and parallel to each other, with the sharp point of any instrument; these scratches, never penetrating beyond the deadened structure, are not felt by the patient; over these lines I lay narrow strips of cambric, spread with the undiluted paste. This dressing is only retained for an hour or two at first, and the same kind of dressings are applied from day to day until the disease is destroyed. As the process advances, there is a feeling more of discomfort and uneasiness than of pain; this is owing to the circumstance that, as the tumour is destroyed, it becomes heavy: but this discomfort can be readily relieved by a little care.

I may here remark that I do not believe the hydrastis, mixed with the chloride of zinc has any constitutional effect whatever on the disease. All I maintain is, that the combination of hydrastis with

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the chloride does diminish, to a great extent, the pain caused by the latter. I have proved this in more than one case, where I have enucleated tumours with a paste composed of the chloride of zinc and flour alone, and, in all, the sufferings of the patients were intense; whilst, on the other hand, when hydrastis has been used in combination, the pain endured by its application has been comparatively trifling.

Although there is but little pain, yet the destruction of a large tumour, especially when situated in the breast, must necessarily give rise not only to discomfort but to a certain amount of constitutional irritation, accompanied with a feeling of weight, and a dragging sensation in the axillæ. These symptoms are relieved by the administration of carbo veg., 30/χ; and rhus tox., 30/χ. If febrile symptoms arise, aconite should be given. If biliary disturbance, mercurius sol., 3/χ; and either Veratrum album or ipecacuhana, of the same dilution. Sometimes a slight erysipelatous inflammation appears around the edges surrounding the deadened mass—a lotion of either Veratrum viride or Euphorbia corollata speedily removes this difficulty. The irritation in the system sometimes disturbs rest at night, not from pain, but from what is usually known as fidgets. Coffea crud. frequently removes this difficulty. If not, a few drops of liquor nepenthe produces the desired effect. In a highly nervous temperament sometimes codeine will act like a charm. If the bowels become constipated, a few pilules of leptandrine, 1/χ; podophyllum, 1/χ; or juglandine, 1/χ, will produce the desired effect.

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The time usually required for the destruction of a malignant tumour is from two to six weeks, according to its size, and whether it be deep-seated or not. As a rule, the nearer the surface, the more rapid is the process; and the harder the tumour, the quicker it is destroyed; as, for instance, a hard stony scirrhus will be quicker and more easily destroyed, than one of a medullary character.

After the disease has been destroyed, which can be ascertained only by experience and practice (for there is great danger of entering the thorax), the strips on which the enucleating paste had been spread are removed, and no dressings are applied until the fourth or fifth day, by which time the line of demarcation will be formed between the living and dead parts. Formerly I used to dress with lotions and ointments immediately after removing the strips, but experience taught me, that by so doing, the process of separation was rather retarded than hastened; therefore until the line of separation be fairly established, I now avoid all interference; but, whenever it takes place, I then dress the edges with strips of calico about an inch wide, spread with calendula ointment. These are placed around the mass, one half of their breadth being laid on the living structure, the other half on the dead. I only remove these once a day, as it is important to retain the pus, which serves to soften and assist separation. About the tenth day, separation generally has advanced so far, as to admit of the introduction of a finger between the two. I then discard the strips of calico, and instead, dress with strips of medicated cotton wool, well spread with the same ointment.

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The diseased mass generally drops off, from the fourteenth to the twenty-first day from the removal of the dressings spread with the enucleating paste. The average time is the sixteenth day. I have never destroyed a tumour which dropped out, before the twelfth day, and I have had one case (which afterwards did well) that did not separate until the thirty-third day. These dead masses most frequently fall off, when the patient gets up to dress, in the morning. Not unfrequently they slip off, when the patients turn in bed, and are found beside them in the morning. But oftener they come away when removing the dressings. In one instance, a lady's tumour fell off, when throwing on her shawl before going out for a walk. I may here remark that this operation does not necessitate the patient's remaining either in bed or in the house. The majority of my patients walk out daily as if nothing were the matter with them. In no case, however, even when the tumour becomes loose, do I attempt to hasten its removal, as experience has taught me that non-interference is always best. After the mass has dropped off, a flat surface is exposed to view, covered with thick purulent matter, but never accompanied with any loss of blood; for one great advantage of this mode of treating malignant disease is, that seldom is one single drop of blood lost, from the commencement to the termination of the treatment. I usually dress, immediately upon the removal of the disease, with a piece of cotton wool or calico spread with the calendula ointment. These dressings are repeated until the surface of the sore is cleansed, which I carefully examine, in

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order to ascertain, whether any speck of disease yet remains. If there should be, I then dress the spot with the diluted enucleating paste. This, however, is seldom necessary, for not in one case in a hundred can any trace of disease be found. I can then judge from the granulations whether the sore has a tendency to be indolent or not; if so, I dress with the unguent resinosum flavæ of the pharmacopœia, mixed with one-eighth its weight of spiritus terebinthini. Next day I sometimes dress with an ointment composed of the powdered root of the hydrastis mixed with honey. In the majority of cases I find this most healing and soothing, but in some few, owing to the honey, it gives rise to erysipelas. Sometimes I dress with watery dressings, as cloths dipped in a cold infusion of the Hydrastis canadensis, or in a lotion prepared from a hot-water infusion of Phytolacca decandra. These applications, however, are varied from day to day, according to the appearance of the sore: no definite rule can be laid down as what to employ; experience can only guide one in such cases. Generally the healing process is complete from three to four weeks from the time the diseased mass falls off.

In fungoides, my treatment at the commencement is different, excepting in the primary stage of the disease, when the tumour is still deep-seated. In those cases of medullary tumours where the skin is over-stretched, glazed, and shining, the application of nitric acid would not only be useless, but might be attended with speedy and fatal consequences, through hemorrhage; indeed, if the thin cuticle were destroyed by the acid, not only might serious

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hemorrhage take place, but the fungoid growth would speedily outstrip the destructive action of the enucleating paste; for, as I mentioned above, *the harder and closer the texture of a tumour, the more easily can it be destroyed.* This is an axiom that every one who attempts enucleation should always remember. In such a case my object is to transform the soft pulpy mass, the components of which are largely composed of blood-vessels, into a hard firm mass. I attain this object by injecting into the tumour, commencing around its base, a solution of a salt, as yet but little used by the surgeons of this country, namely, a solution of the *persulphate* of iron. The persulphate of iron possesses a power which is little known, viz., it coagulates blood rapidly into a solid mass. By the judicious use of this salt, not only have I been enabled to destroy varicose veins of the legs more speedily, with less inflammatory action, and more thoroughly, than by the usual operations, but I have been enabled to destroy, and treat successfully, aneurismal sacs. By means of a hypodermic syringe I throw in sufficient of this solution to convert the medullary mass into a solid tumour. After accomplishing this, the rest of the process is very easy, only taking care not to stop until all the disease be thoroughly destroyed, for, being a fungus, if the smallest particle be left, a fatal recurrence is not only certain, but fearfully rapid. After consolidation the treatment is precisely the same as for the harder, and more consistent, forms of the disease. Such is a brief epitome of the process known as that of "enucleation." I claim for it,

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First. ITS SAFETY. I have enucleated many hundreds of cases, and have lost none through the operation. Deaths during the operation by exsection are not uncommon.

Secondly. ITS CERTAINTY. When properly and thoroughly performed, almost all do well. The percentage of radical cures is very large, amounting to over *eighty* per cent.—a remarkable difference from those effected by exsection, whose advocates only admit of *one* per cent. Moreover, the twenty-five per cent. not radically cured, or in which the disease has reappeared, can, in the majority of cases, be traced to having undergone previously the operation of the knife, or other causes not easily understood. (I do not mean to say that because the knife had first been submitted to, that enucleation in every case has been unsuccessful: far from it; for I have had many patients who had recurrence of the disease after exsection, who then submitted to my operation for enucleation, and who now are quite well.)

Thirdly. I claim for this mode of operation "its comparative freedom from suffering, and that it entails less disturbance and prostration of the constitution, than that produced by exsection, or by the ordinary use of caustics." The comparative freedom from suffering can only be measured by those who had previously suffered from the knife, and when recurrence took place, placed themselves under my care. All are unanimous, that although chloroform in every case was given, yet the agony after the effects of the chloroform had passed away, far surpassed that which they suffered from enucleation.

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In many cases it is months before a patient who is operated upon in the usual way, recovers from the great loss of blood invariably sustained. In enucleation seldom is a drop lost, and within a few days after the tumour is removed the patients are in the enjoyment of better health than they have had for months before.

Having discussed and proved that enucleation is the best and safest mode of removing a malignant growth, I will now consider what are the best prophylactic means to prevent a recurrence of the disease. These may be embraced under three points: first, the employment of those remedies which have a specific effect on malignant disease; secondly, rest—complete rest—of the part; and, thirdly, those hygienic means which impart the most vigour to the constitution.

I. Remedies which exert a Prophylactic Influence on Malignant Growth.

The great majority of the physicians and surgeons of the allopathic school ignore the existence of any such remedies; whilst, on the other hand, the benefit to be derived from the judicious use of medicines, is freely and gladly acknowledged by homœopathic physicians. Indeed, the homœopathic repertory is rich in agents which exert a wonderful and powerful effect over the different phases of malignant growths, as amm., bell., sep., staph., ars., iod. con., plat., merc.-iod., ac. nitr., sulph., thuj., clem., sil., kreas., carb.-an., while many others have been employed with marked success.

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It is not, however, to these remedies that I wish to draw attention, but to those vegetable productions, the use and provings of many of which have been so ably set before the profession, by Dr. E. M. Hale, of Detroit, Michigan, in his valuable and original work, entitled "The Homœopathic Materia-Medica of New Remedies, &c., &c." (1867). In this work, Dr. Hale not only gives the botanical description and medical histories of the various new plants, but also their pathogenic effects and therapeutical application in homœopathic practice. He has collected a valuable mass of evidence of the uses and effects of the plants, when used in allopathic and eclectic practices.

HYDRASTIS CANADENSIS.

The first of the remedies which have a specific effect on malignant growths that I shall name, is the Hydrastis canadensis, or golden seal. I first became acquainted with this plant in 1848, when a medical friend called my attention to its power in controlling inflammation of mucous membranes. Shortly after this, I employed it in the treatment of cancerous sores, using at that time a cold-water infusion of the powdered roots. I claim that I introduced it into England, in the year 1852. At that time, so little was it known, that I had difficulty in obtaining a small quantity in London; now it can be bought by the quantity—a proof that this agent is most extensively used. The preparations of hydrastis usually employed in medicines are watery infusions for topical dressings. A tincture is prepared from the powdered

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root, from which the various dilutions are made, and triturations from the root.

There are two alkaloids found in the root of hydrastis, viz., hydrastia, which is white, and hydrastina or berberine, of a deep golden-yellow colour, not unlike that of iodide of lead. Many chemists consider hydrastina and berberina to be identical; if so, then the white hydrastia and the yellow berberina are two distinct alkaloids, found in the roots of the Hydrastis canadensis. A third preparation from this plant, known as hydrastin, is also made. Dr. Hale states, in his "Materia-Medica" (p. 547, 2nd. ed., 1867), "Hydrastin is considered to be the active principle of the hydrastis. It is a yellow, or brownish-yellow powder, and, according to King, 'is soluble in boiling alcohol,' but is deposited, as it cools, in crystals. It is insoluble in *cold alcohol*, *ether*, or *chloroform*,* &c. By this it will be seen, that neither alcohol nor water will dissolve this preparation; therefore it is impossible to make a mother-tincture of it—a tincture that will contain all its medical virtues. A tincture, holding in solution only a portion of the constituents of hydrastin, is manifestly unfit for use in medicine, especially by a physician of the homœopathic school. I have always used triturations of this agent as high as the sixth, and have always been well satisfied with their efficacy." Again, Dr. Hale states (*idem*, p. 548): "The muriate of hydrastia is one of the most valuable preparations yet obtained from hydrastis—not so much for its internal uses, as an

* Dr. Hale is here mistaken, for not only hydrastin, but berberine and hydrastia, are soluble in chloroform.

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external application to mucous surfaces. It combines the well-known valuable effects of the muriatic acid, with the useful influence of hydrastis."*

Dr. Hale, in the same valuable work (p. 550), states, "Among the earliest medical writers in this country [America] was Professor Rafinesque, a scientific botanist and a ripe scholar. He thus writes of hydrastis ('Medical Botany,' p. 250, 1828): 'It is tonic, ophthalmic, detergent, &c. It is much used in Ohio, Kentucky, &c., for diseases of the eye; the juice, or infusion, is used as a wash in sore or inflamed eyes. It is considered a specific by the Indians for that disorder; they also apply it to sore

* The best manner of obtaining these alkaloids is to make a cold-water infusion from the powdered root of the Hydrastis canadensis, which filter. To the clear solution add hydrochloric acid, when *berberine*, or *hydrastina*, is precipitated. This solution is then filtered and the berberine dried. To the filtered solution ammonia is now added, when hydrastia is precipitated, which is collected on a filter and dried. The hydrastia, which at this stage is of a dirty whitish colour, is to be again dissolved in a weak solution of hydrochloric acid and water, which is to be slowly evaporated until crystals are formed, which is the muriate of hydrastia.

J. Dyson Perrins, Esq., F.C.S., in the *Pharmaceutical Journal* for May, 1868, states, "the substance hitherto known as hydrastin, in the Eclectic School of American Pharmacy, proves to be little more than impure berberine." Again, Mr. Perrins informs me in a letter "that *berberina* or *berbeerin* is the name of the alkaloid of the 'green oak of Guiana, never *berberine*.' Therefore, the yellow alkaloid from the hydrastis is simply berberine, never berberina or berbeerin. To avoid further misconception I shall in future in this work call the yellow alkaloid extracted from the hydrastis *berberine*, and the white alkaloid, which I consider to be the active principle of the root, *hydrastia*, avoiding the old term *hydrastin* as used in the American Eclectic Pharmacopœia, which is simply impure *berberine*."

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legs, and many external complaints, as a topical tonic. Internally, it is used as a bitter tonic, in infusion, or tincture, in disorders of the stomach, liver, &c. It is *said to enter into compound remedies for the cancer*, acting as a detergent tonic, and the Cherokees are supposed to use it in that disease, but better detergents are known; for Rafinesque says, 'Viburnum dentatum, rumex, and orobanche are also useful in cancerous diseases.'"

Again, at p. 558 of the same work, Dr. Hale states: "Hydrastis must be capable of modifying the vitality of this system [*lymphatic system*], else it would not exert such curative action in that direction, as has been noticed, and recorded in clinical experiences. *It is probably eliminated by the glands when taken into the system, and must exert a curative influence of some kind upon all glands.* It is said to have some effect in antidoting or modifying the cancerous dyscrasia: this it may do, in assisting the glands in eliminating the poison."

While on the subject of the uses of the Hydrastis canadensis, I will insert the report of my friend, Dr. Garth Wilkinson, who has devoted much attention to its remedial action. He writes, in 1855:—

"In answer to your request that I should furnish you with any experience I possess of the virtues of the Hydrastis canadensis, or golden seal, I have to report that since you brought that drug under my notice, I have at various times made a cursory proving of it on myself, by chewing one or two grains of the root, for which purpose, the thickest pieces, which break with a radiate resinous fracture, are to be preferred.

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"The effects noticed were bitterness, long lasting, and almost like bilious bitternesss in the mouth; ending in exceeding dryness, while the bitterness still continues, even till the next morning, occasionally pain, as from a hard and cornered foreign substance in the stomach; much flatus from the colon, and aperient action marked in the morning.

"The cerebral effects are very prominent: generally a feeling of agreeable vivacity and unusual clearness of ideas, and force and facility of expression. In the pleasurable excitement, the hydrastis almost rivals opium; but, whereas the victim of the latter is easy and satisfied, and triumphs in the oblivion of cares and dificulties, the patient under hydrastis feels his wits sharpened, and his head cleared. A kind of agreeable suffusion pervades the sleep, owing, I presume, to slight cerebral congestion. In the morning the head is hot, and the forehead pink, and in movement and walking more or less giddiness is perceived. These effects pass off in the course of the day.

"The hydrastin appears to produce similar symptoms; but I think less sharply than the root or mother-tincture of hydrastis.

"I have employed the hydrastis with success in dyspepsia and bilious derangements, and also in obstinate constipation, and have found it very useful in hemorrhoidal constitutions. It appears to exert a sedative influence upon the rectum; and in one case, where the motions had been flattened for years, great improvement in this respect was experienced and pain wellnigh removed.

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"Also, in hard swellings of the mammary gland, occurring at the change of life, and causing great anxiety—where cancer exists in the family, the relief has been prompt and sustained, though I cannot report the entire disappearance of the tumour. In these cases the general health has been remarkably benefited by the hydrastis. In a case of obstinate ulcer on the chin—the result of a blow—and attended by almost stony induration of the lower lip, a few weeks' application of the cold infusion produced a cure.

"Hydrastis, locally applied to the skin, will speedily produce, in some constitutions, a crop of vesicles like shingles; and I have used it in shingles with good effect. In the distress arising from confluent small-pox on the face, the cold infusion of hydrastis acts with magical efficacy, affording full relief in a short time. It seems probable that it has a great part to play in the treatment of small-pox.

"In gonorrhœa, injections of the cold infusion have speedily cut short the disease, or left only a slight gleet, which was easily cured by gallic acid, in substance, internally. In womb-cases its local application is invaluable, in induration and ulceration of the os uteri of long standing. Under your management, I have seen it produce the best effect; the relief of pain has been immediate, the broken surfaces have healed, and the induration has at last given way. I know of no single remedy, which, as a topical application to ulcerated or irritated mucous surfaces, rivals the *Hydrastis canadensis*."

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I might quote, from many medical books, journals, and periodicals, articles proving that this valuable agent is now attracting the attention of many intelligent members of the profession; but my object is not to write of the virtues of any one medicine, but to explain how my success, in the treatment of malignant disease, has been obtained. This success, in many cases, is, in a measure, due, through God's blessing, to the use of the Hydrastis canadensis. In the majority of cases it has proved to be specific; in some it is wholly inert. After the removal of a tumour by enucleation, I generally dress the sore with this agent, in one form or another—sometimes with an ointment composed of from twenty to sixty minimums of the mother-tincture thoroughly incorporated with an ounce of pure lard: in other cases I mix the powdered root with honey. Again, I frequently use a lotion, either prepared with the tincture, or from a watery infusion of the powdered root. In addition to the topical use, I invariably give one of the dilutions internally—the mother-tincture never. I have found the first, third, sixth, twelfth, and thirtieth dilutions the most efficacious.

Some time ago I expected to receive from my friend, the Rev. Dr. Lilly, some of the two-hundredth dilution which he was then preparing; from this I expected good results, but, as yet, I have not received it. For many years past I have observed, especially in cases of true scirrhus, that warts almost invariably accompany the disease. In some cases I can only find two or three, in others many. These are not the common wart, which has a broad,

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firmly attached base; but they are pedunculated (*i.e.*, attached to the skin by long thin necks). In many cases, after persevering with hydrastis for some time, these warts disappear, but, if the dilutions are continued for some months, a numerous crop of them frequently reappear, not of the usual size, but very minute, appearing in clusters, principally on the neck, chest, and arms. These results occurring, is not hydrastis homœopathic to the disease?

Experience has long ago satisfied me that no specific for any one disease can exist; for every one is very differently constituted. Not only do medicines act differently on different constitutions, but even articles of food, the air we breathe, and all surrounding; so that any person, claiming to have discovered a specific for all cases of one disease, is labouring under a delusion. So it is with hydrastis. In the majority of cases, it acts as a charm; in some constitutions it is totally inert. In other constitutions, again, it acts as an irritant poison, causing giddiness, nausea, purging, and vomiting, even in the different dilutions, so that it becomes necessary to discontinue its use.

Therefore the true physician can never depend on any one remedy in the hope of effecting a cure in all cases. In many cases where the hydrastis has failed to produce a beneficial effect, I have found much benefit from the Phytolacca decandra—indeed, as a rule, the cases controlled by the phytolacca are more numerous than those influenced by hydrastis.

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PHYTOLACCA DECANDRA.

The Phytolacca decandra, or poke-weed, is a native of the United States, Azores, North Africa, and China. Dr. Hale, in his "Materia Medica" (p. 754, 2nd ed.), states: "The phytolacca was used by the Indians as an emetico-cathartic, and for *the cure of cancers, tumours*," &c. Rafinesque (before referred to) states that it is a specific "*in poultices for cancerous and malignant ulcers*," &c. In the "Allopathic's Materia Medica," although mentioned, but little importance is attached to it. The first notice of cancer (ulcerated) having been cured by the phytolacca, was published in the *Gazette of Health* (vol. viii. p. 725, Nov. 1823). It is there stated, "that the editor of an American paper [name not given], has published a case of open cancer, in which the topical application of the leaves of the poke-weed not only allayed the pain, but produced a complete sloughing of the diseased part, and rapidly healed the ulceration that remained after the separation. The patient, a female of colour, by accident covered the cancerous part with the leaves of the plant, for the purpose of keeping the flies from it. Finding unexpected relief from it, she continued to renew the application till the morbid structure was separated, and the ulcerated parts healed." My attention was first drawn to the phytolacca more than twenty years ago, when I was told it was used among the plantation negroes of the Southern States, as a specific for malignant sores; but it was not until I met with cases over which hydrastis seemed to exert but little or no

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power, that, remembering what I had heard years ago, I determined to give it a trial. This was in 1853, but at that time so little was known of the poke-weed, that I was obliged to send to America for it. I then obtained it in mother-tincture, and found it act beneficially in many cases. When I first commenced its use, I always prescribed the mother-tincture in doses of ten to sixty drops. Now, having embraced homœopathy, I never adminster the mother-tincture, but the various dilutions, generally of the same potency as the hydrastis. I freely use it as a topical agent, more especially in cases of epithelial ulceration. These are either in the forms of lotion, made from the mother-tincture and water, or as ointments made either from the tincture, or, better, from phytolaccin, mixed with pure lard. For fifteen years I have prescribed the phytolacca in many hundred cases, and can safely recommend it to the profession as an admirable remedial agent in the treatment of malignant disease.

NYMPHÆA ALBA.

My attention was called some years ago by a herbalist, in Leicester, to the nymphæa alba as a remedy for cancer. I have tried it in two or three cases, with no marked results. I have, therefore, discontinued prescribing it.

SCUTELLARIA LATERIFLORA.

The Scutellaria lateriflora, or scull-cup, I have found to be very useful in allaying inflammatory action in cancerous tumours. I generally use it as a lotion of the strength of one drachm of the mother-

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tincture to half a pint of water. This plant in some neighbourhoods has been considered a specific for hydrophobia. I have never tested it in these cases. However, Hogg, in his "Vegetable Kingdom" (p. 578), mentions that the common scull-cup was supposed to be useful in the treatment of old ulcers, &c.

EUPHORBIA COROLLATA.

I have found much benefit in some cases from a lotion prepared from the Euphorbia corollata. It allays inflammatory action in a marked degree.

GELSEMIUM SEMPERVIRENS.

The Gelsemium sempervirens (yellow jessamine) has great power in controlling the circulation, and is therefore invaluable in this disease, especially in its acute stages.

XANTHOXYLUM FRAXINEUM.

I have used lotions of the Xanthoxylum fraxineum (prickly ash) with great benefit in cancerous sores of an indolent character, and in those which remain, as it were, *in statû quo*, neither getting better nor worse. Rafinesque states, "This has been a great article in the pharmacopœia of our Indians; they prefer the bark of the root, and use it in ulcers," &c.

VIBURNUM OPULUS.

Few vegetable preparations exert more power over malignant ulcerations than Viburnum opulus. I generally use a watery solution of the alkaloid viburnin; it stimulates indolent ulcers, and promotes healthy granulations.

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MYRICA CERIFERA.

For many years I have used the Myrica cerifera in the treatment of malignant diseases, sometimes using it as an ointment, made from the wax, extracted from the berries; at other times as a lotion prepared from its alkaloid, myricin.

King recommends "the myricin decoctions as a wash for ulcers, tinea capitis, and for tender bleeding gums."

Coe recommends it in aphthous affections of mucous membranes.

I have had cases much benefited from arsenicum and carbo-animalis; the former in the higher dilutions, never below the twelfth decimal, the latter in a trituration from the third to the sixth decimal. I have never used either of them topically.

There are many other valuable agents in the treatment of this disease, especially useful in those cases, where only palliation and prolongation of life is hoped for. For instance, when a patient comes to me, suffering from either primary or secondary malignant disease, that has been allowed to become too ripe even for the knife, and on examination not only are the mammæ found to be diseased, but also the axillary and perhaps the cervical glands affected, then another class of agents comes into use. If it be a case of scirrhus, with the mammæ and adjacent tissues absorbed, I often have found a lotion prepared from the mother-tinctures of scutellaria, or of Euphorbia corollata of great use. If much inflammatory action exists, then a lotion of the Veratrum viride

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answers admirably in its reduction. As a rule in these cases (although there are many exceptions) all greasy applications cause increased irritation. Watery lotions are found to be much more soothing and agreeable to the feelings of the patient, and in not a few cases, by their judicious application, have I been enabled in time, sometimes in eighteen months or two years, to absorb the disease from the axillary glands, and reduce the former unpromising case into one, in which enucleation has become justifiable; and in not a few cases they have been permanently (if I can use the word permanent to those who have been quite well for eight or ten years) cured. I may here mention that when any of the adjacent glands, axillary or cervical, become affected, or when the disease is in the breast, or when the parotid, sub-maxillary, or sub-lingual are enlarged, or when the disease is in or about the face, tongue, lip, &c., then no surgeon, however able and skilful he may be in the use of the knife or caustics, is justified in operating. These glands may become enlarged by one of two causes,—either from the deposition of the disease itself, or from irritation and inflammation produced in them by their close proximity to the malignant disease. In the former case the glands enlarge very slowly, and at first are painless, and cause but little uneasiness. In the latter case, the increase is due to inflammation; they increase rapidly, and are attended with more or less pain from the first. In these latter cases, by using proper antiphlogistic means (I do not mean leeches, cupping, or bleeding; for these of themselves are sufficient in many

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cases to degenerate a previously healthy gland into malignant disease), as a lotion of the concentrated tincture of Veratrum viride, aconite, gelseminum, or the internal administration of the second dilution of Veratrum viride, the inflammation is speedily reduced, and the tissues quickly recover their normal condition.

II. Rest.

After the removal of the disease by enucleation, and during the process of healing, rest of the parts for some time is very essential, until all have become consolidated, or, in other words, until they have regained their former tone. This necessity is best shown by narrating the case of Miss P——. I removed a large scirrhous tumour from the right breast of this lady in 1856. From the tumour having encroached under the pectoralis major, a portion of that muscle was removed with the diseased mass. Everything went on well, the wound healing kindly, and not too rapidly. On the day she was to have left town, being naturally of a quick temper, she unfortunately quarrelled with her maid, whom she dismissed on the spot, and, having no one to help her, she attempted to lift a heavy trunk. Instantly she was deluged with blood, and, on being sent for, I found that a portion of the pectoralis muscle and a part of the cicatrix had been torn asunder. She never completely recovered from the effects of this accident. Again, in 1861, Miss B—— came under my care, whose disease was seemingly removed. Shortly afterwards she left for the south of France, where she usually

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spent the winter. Unfortunately, during the winter an invalid relative lived with her, whom she assiduously nursed, raising her in bed, and otherwise over-exerting herself. Inflammation was set up in the cicatrix and axilla; the axillary glands became enlarged, and within eighteen months she died. When I saw her, on her return from the Continent, on hearing what she had done, I told her that, before leaving, I had warned her against using her arm. She acknowledged that I had done so, but said, "Dr. Pattison, you were not impressive enough; you did not tell me fully of the danger of doing so—you should have *commanded* me not to use my arm." Since then, my readers may be sure that no patient has passed from my care, without strict injunctions to keep the parts at rest.

III. Hygienic Means.

It is all-important to keep up the strength, and to counteract all influences that may tend to its depression or decay. The bowels should be regulated. If confined, a pilule or two of either podophyllum or leptandrine or juglandine, of the first decimal dilution, should be given at bed-time; if not sufficient, the same in the morning. As a rule, the liver, in all these cases, becomes torpid. On the other hand, if there be a too free discharge from the bowels, then either Veratrum album or the second decimal trituration of hydrastin will arrest the difficulty.

Food should be of the most nutritious kind. Animal food, rather under-done, twice, or even thrice, a day should be taken. If pure milk can be ob-

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tained, and it agrees with the patient, it should be freely given. Wine, especially those of Hungary,* containing but little alcohol, may be freely taken. In the majority of cases I have objected to malt liquor, because, although it may fatten the muscular tissues, still it, in a measure, destroys the appetite, rendering the patient incapable of taking animal food, which is all-important. Exercise daily, walking exercise, in the open air, is to be insisted upon. The free use of cold water, bathing or sponging, night and morning, if in summer; in the morning if in winter. It should be persevered with in all seasons, unless the patient is of such an age that reaction does not readily take place, as in those cases where an imperfect circulation exists; then tepid, not cold water, should be used.

Cleanliness is necessary to health; the pores of the skin should be daily cleansed. I do not believe in such a thing as "*clean dirt.*" What clean dirt is, is best shown by what an Irish lady of rank said to me. This lady was under my care, and one morning, being obliged to see her in her bed-room, her night-dress (perhaps from London blacks) and her person were not what most people would like. I casually remarked, "I think a little soap and water would make your ladyship more comfortable." Her answer was, "But, doctor, don't you know clean dirt is healthy?" I do not mention this anecdote in con-

* More especially those known as the Carlowitz and Tokay wines, imported by Max Greger, Esq., of 7, Mincing Lane, E.C., London. These wines are invaluable to invalids, from their containing phosphoric acid and iron, and from their freedom from adulteration.

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demnation of the Irish, for I have had the honour of treating many Irish ladies whose cleanliness of person put to shame that of many of their British sisters; I merely state a fact, to urge the necessity that there is for the free use of pure water.

CANCER OF THE SCALP AND FOREHEAD.

I shall now proceed to describe the progress of malignant growths, as they appear in different parts of the body, commencing at the scalp.

The scalp is not unfrequently the seat of malignant diseases, owing to its vascularity. The epithelial is the most frequent form that cancer assumes on these parts, although in some few cases I have met with true scirrhus. In all, the disease first appears, either as warts, or as small tumours, usually called wens, which in themselves are non-malignant, but, being irritated with the comb or brush, degenerate into malignant disease. When the disease first appears as a wart, it may remain in that state for years, until inflammatory action occurs, and then it rapidly increases, destroying the integument, but rarely attacking the bone. If occurring on the front of the scalp, it generally encroaches on the forehead, denuding the bone, and leaving a malignant, burning, aching sore, with constant draining discharge. The pain increases in intensity, exhaustion and delirium occur, and the patient dies. In scirrhous disease of the scalp and forehead, the disease always appears as a small tumour: unlike epithelial cancer, it does not spread superficially to any great extent; it either burrows, attacking the bone, and exposing the brain; or more

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frequently a cancerous tumour grows outwards, constantly discharging a thin acrid heating matter, bleeding when touched, or when the dressings are removed, producing exhaustion and relief through death. In this phase the sharp darting or lancinating pains peculiar to scirrhus are frequently felt, whereas in the epithelial form the character of the pain is more of a burning, throbbing nature. Both are equally exhausting, and inevitably fatal.

MRS. L——, aged 54 years.

(*Cancer of the Scalp.*)

About four years ago, noticed a small wart immediately behind the ear; it was painful at times; soon after this it began to grow, and rapidly increased. Sharp shooting pains were now very frequent—indeed, so severe, as to make her at times cry out. When I saw this poor woman on the 29th July last (1864), I found a large ulcerated scirrhous tumour as large as the clenched fist immediately behind and above the left ear, discharging scirrhous matter and bleeding when touched, when the dressings were removed; countenance pallid, with great anxiety. Ordered dressings of hydrastis lotion, which speedily afforded relief.

A case in which a simple non-malignant tumour of the scalp degenerated into malignant ulceration cured by enucleation.

MRS. J——, aged 31 years.

(*Malignant Ulceration of the Scalp.*)

This lady had been troubled with wens or steatomatous tumours in her head for many years; until lately they had been painless. Thought nothing of them, only, when brushing her hair, they felt sore. About two months before consulting me they commenced discharging matter, and bled; they would not heal, but being more disagreeable than painful, she determined to consult her medical adviser, who sent her to me. On examination I found seven small wens all in a state of ulceration, produced by

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the brush and comb; the ulceration was evidently malignant, judging from the character of discharge and from their tendency to bleed. On my recommendation she consented to their removal by enucleation in June, 1861, and early in August of the same year she returned home quite well.

The report of the following case has appeared in a former work on Cancer; but the testimony is so strong, especially as my friend and patient was a staff-surgeon, competent to decide whether the treatment indicated was empirical or not (otherwise, he would not have placed his life in my hands), that I willingly quote the case again; for it proves how futile exsections and the usual operations with caustics are.

DR. M——.

(*Malignant Ulceration* [*Epithelial*] *of the Forehead.*)

This gentleman was a dear and valued friend. He was staff-surgeon to H.M. —th Regiment of Foot. When a boy at the Westminster school, he received a blow from a cricket-ball on the forehead; a small, hard, pea-like tumour remained for years, which was only a very slight disfigurement to an unusually handsome man. At the suggestion of some brother surgeon he allowed it to be exsected; soon after the operation it reappeared in the worst form of eroding ulceration (this eroding ulceration, or what is known as lupus non exedens, is in my opinion merely a form of cancerous disease belonging to the epithelial phase). Dr. M—— then consulted Mr. P——, of St. Bartholomew's, who again operated. As might be expected, recurrence of disease took place; he then placed himself under the care of Mr. S——, who burnt it three times with nitrate of mercury, one of the most painful caustics known; but such was the fortitude of my dear friend, that he, Mr. S—— (who is chiefly in the habit of applying these painful remedies in the treatment of skin diseases), himself expressed great surprise at his endurance and patience under such a fearful ordeal. These applications failed. At this time the Rev. H. Reed, with his chlorine gas, was in the zenith of his transitory reputation. Dr. M——, over-persuaded, though against his own opinion, placed himself under the care of the

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reverend cancer-curer. During the third application, although conducted by the reverend gentleman himself, the boiling acid (sulphuric) was allowed to boil over through the tube on the already exquisitively sensitive sore. The reader may imagine (but God grant he may never feel) the agony my poor friend then endured. This sealed his fate. Next day it was discovered that the frontal bone was partially destroyed. Notwithstanding this, the reverend gentleman next day called on my friend, said that the operation of yesterday was what he desired, and that he now pronounced him cured, and asked for a certificate to that effect. Dr. M—— knew only too well the nature of the "*cure*," which would terminate in death, and refused the curate's modest request.

Shortly after this, through the persuasion of some of my friends, Dr. M—— was induced to send for me (although, as he afterwards told me, he had been strongly prejudiced against me). On my first visit I found him lying in bed, tossing about in agony. He had been confined to bed for nearly two months, and only enormous doses of morphine, chlorodyne, &c., &c., afforded any relief. I examined the sore, rendered exquisitely painful by fearful malpractice. After this my poor friend, looking intently in my face, said, "Dr. Pattison, can you cure me?" In reply, I said, "Dr. M——, *no;* but I hope to be able, by God's blessing, to afford you relief." He clasped my hand, and said, "I know you have told me the truth, and I leave myself in your hands." God did bless the means to a greater extent than I expected. From fearful suffering and from a bed of torture he was raised up, and within six weeks from the time I first saw him he was able to accompany my family to Bognor; and so rapid was the improvement, especially in freedom from pain, that he was able to take long walks, bathe, and otherwise enjoy himself; but I knew from the nature of his disease that this could not continue, as I feared the effects of the cold of the approaching winter on so large a denuded surface. My fears were too sadly realized, for in the following spring he was removed to that home where there is neither pain nor suffering. In this case I am confident that if my dear and valued friend had allowed the small tumour caused by the cricket-ball to remain untouched, he might now have been alive, the pride of his regiment, and the comfort of his family and friends. This is a sad case, but it proves the truth of what I am so anxious to maintain, —that death and sorrow always follow the improper treatment of such tumours.

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CANCER OF THE ORBIT, EYE, AND CHEEK.

Cancer of the eye and orbit is not unfrequent. Generally, however, the orbit is attacked not primarily, but secondarily—*i.e.*, cancerous deposits seldom take place in the orbit or eyeball, unless they exist for some time in other parts of the body. However, there are many exceptions to this, where we find the disease appearing in the eyeball without any marked evidence of its existence in other parts. More frequently, however, it is not so. In the last stages of scirrhus of the breast, it is not unusual for cancerous cells, more especially fungoid and melanotic, to be deposited in the eye or in the orbit, destroying sight, and, if in the orbit, causing the ball to protrude: this occurs most frequently in the last stages of the disease. I have met several cases where the disease commenced at the outer angle or canthus of the eyelid, and gradually destroyed the adjoining parts, until the eye was injured, the aqueous humour escaped, and sight thereby destroyed. The nose and cheek are more liable to the epithelial form of disease than to true scirrhus, but I have met several cases of the latter disease in these parts. When epithelial ulceration occurs here, it is usually called lupus, which again is subdivided into lupus exedens and lupus non exedens (*i.e.*, superficial and deep-burrowing lupus). I consider that, being malignant, there is such a great family likeness to epithelial cancer that very few can tell the difference. At first a small wart or mole may be observed, or, may be, a small tumour, the size and feel of a large shot, may be felt under the

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skin. It may have been there for years, daily seen, but causing no anxiety. By and by, from some cause or other, this wart or mole may become irritated, its head may be rubbed off, and it will not heal. The family doctor is called in, but, not understanding the case, says, "It is nothing, it will soon heal," and immediately applies lunar caustic (nitrate of silver) to the sore. If true epithelial cancer, then the patient's doom is sealed; the sore not only never heals, but spreads with such rapidity, destroying all the tissues in its path, so that it has well earned the name of lupus (*wolf*). This eating, devouring ulceration may go on until half the face is destroyed. Surprising, however, as it may seem, yet the suffering, in this fearful form of disease, is not so great as might be supposed—more of a burning, gnawing sensation than acute pain. The disease slowly, though certainly, advances, but in the course of time the constant irritation set up, with the increased and constant discharge, finally ends in death. On the other hand, if the scirrhous form attacks these parts, the process of decay is more rapid; the deeper-seated tissues are destroyed, excruciating pain (especially that awful darting pain, as if a red-hot skewer were thrust through the parts and head) becomes more frequent and more violent, until, from pain and exhaustion, the patient soon sinks to his rest.

MRS. E—— S ——, aged 60 years.

(*Cancer of Left Orbit and Left Side of Nose.*)

This patient first visited me on the 19th of April, 1865. About the year 1858, she observed a small hard tumour on the inner side of the upper eyelid—a doctor applied caustics several times,

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after which it rapidly increased, eating away the eyelids, until, about two years ago, the eye was completely destroyed. She describes her sufferings as fearful—like red-hot knives being driven from the socket through her brain. On inquiry, I was told that her mother had died from cancer of the womb. She was much emaciated; the waxy, yellowish, pallid look usually met with in this disease, was strongly marked in her face. On examination, I found that the eyeball had disappeared, and the whole orbit, was filled with unhealthy cancerous growths. The disease had likewise encroached on the structure of the nose, laying bare the greater portion of the left nasal bone. I prescribed a lotion of the watery infusion of hydrastis, and gave the third decimal tincture three times daily. Bowels, previously constipated, were regulated with leptandrine. I saw this poor woman again about the end of May. She felt much better; the pain had almost entirely ceased, and, when the paroxysms occurred, they were comparatively slight to what she had suffered. The granulations in the orbit were healthier now, exuding a considerable quantity of pus, instead of the previous scirrhous discharge. The treatment was varied from time to time, and the last I heard of her, some twelve months ago, she was tolerably comfortable. In such a case, cure is hopeless; still life was prolonged, and suffering spared.

Mrs. ——, 57 years of age.

(*Cancer of External Canthus of Left Eye.*)

This lady called on me on the 12th of May, 1865. About four years before she had been stung by a bee, causing a pimple, which burst of itself, but, not healing, caustics were repeatedly applied. It grew larger, and caused much pain, like the pricking of needles: the eye-ball inflamed and painful. The sore in this case being circumscribed, a few dressings of the enucleating paste speedily destroyed the disease; it cicatrised kindly, and when I last heard of the patient she was well.

The Rev. Mr. ——, aged about 54 years.

(*Cancer of the Cheek—cured.*)

I first met this gentleman in October, 1856, when he called upon me for my advice, as he was suffering from epithelial cancer of the right cheek. I recommended immediate enucleation. During the treatment he suffered severely from hereditary

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gout, to which he had been a martyr. Notwithstanding, the process of enucleation was uninterrupted, with almost complete exemption from pain. The gouty diathesis was certainly a serious drawback, still, notwithstanding all this, his recovery was complete and so far permanent. The success of this case is in striking and sad contrast, to that of the late lamented Lord Llanover. At the same time, in the same situation, and with the same disease, he submitted to the treatment by caustics as usually employed; and they were used by a leading surgeon of the day. This treatment only aggravated the fatal termination of this disease.

CANCER OF THE LIP.

This disease is met with daily, scirrhus being its usual form. Many exciting causes are to be found—as smoking a clay pipe, the bad habit of biting the lip, and, a frequent cause, wetting or licking postage stamps, &c. (of course disease must exist in an incipient form before any exciting cause can call it into active growth). Generally, it first appears as a small hard tumour, not unlike a small shot, immediately under the skin of the lip. A little pricking pain is felt at times; a sense of uneasiness occurs. In some cases a small tumour appears immediately under the surface, like a blue speck. A doctor is consulted, and either caustic (nitrate of silver) is applied, or, worse still, the knife. In the first case the sore rarely heals, it increases rapidly; in the other (the knife) if it does heal, it soon reappears, and the disease rapidly increases, not only involving the original diseased portion, but soon the whole of the lower lip is eaten away; the saliva, so necessary for digestion, pours constantly from the mouth; the glands under the chin (the lingual) soon become enlarged, and the fearful infection spreads to the glands of the

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neck. Speech and deglutition are very imperfect, the process of digestion is interfered with, exhaustion occurs, and death soon relieves the sufferer from his misery. Such is the usual course of this disease; yet, terrible as it really is, not only relief, but cure, in many cases, can be effected, through God's blessing, by the use of those means He has given us, as I will prove by two or three cases, selected from many of a similar nature.

MRS. B——, aged 29 years.

(*Malignant Tumour on the Upper Lip.*)

Is the mother of six children, and has generally enjoyed good health. First noticed a small lump on her lip about three years ago: latterly it has rapidly increased. I commenced treatment on 19th January, 1859, and she returned home quite well on the 7th February following. Since then, until the present time, October, 1868, nearly ten years, she has remained quite well, and there has not been the slightest appearance of recurrence of the disease.

CAPTAIN D——, aged 58 years.

(*Cancer of the Lip.*)

This gentleman called upon me on the 27th November, 1855. About two years previously a small hard tumour appeared upon the lip, which gave no pain or uneasiness. Unfortunately, in February, 1854, he fell and broke a tooth, injuring the lip; afterwards he felt sharp darting pains. He then went to Harrogate, and placed himself under the care of a galvanist, who eased the pain, but did not check the disease. He now placed himself under the care of Dr. ——, of Birkenhead, who applied caustics, immediately after which it rapidly increased. He then placed himself under the care of Dr. Oldham, of Birmingham, who promised to cure it in three weeks. He applied powders and plasters in vain, for the patient, after remaining under the doctor's care for more than four months, found himself much worse; after which he came up to me, when I found extensive disease, involving not only the lower lip, but also a portion of the chin. I undertook this most unpromising case, and in two months he returned home quite well. I have heard from him repeatedly, and at this date he is as well as ever he had been.

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I have heard from this gentleman several times since he left London, and although it is now thirteen years since he was under my care, he has remained quite well ever since.

(*Cancer of Lower Lip—cured.*)

MR. N——, aged 53.

Called on me on 14th November, 1864, when on examination I found a large stony hard lump the size of a bean. Some four years previously he had a sore on the lip caused by smoking a clay pipe. He at once placed himself under my treatment, I enucleated the disease and soon he returned home cured.

I have heard from him several times since, and he remains quite well.

CANCER OF THE TONGUE.

This is a common disease, more frequently met with in man than in woman. During the last year I have seen only some ten cases in the female, and some thirty in the male sex. A small lump is felt, causing no pain at first, only a sense of uneasiness; or the ragged edge of a tooth may have caused a sore. A physician is consulted: he smiles at the little annoyance, touches it with caustic, and thinks that it will be well in a few days. This caustic application frequently causes a simple sore to become malignant (for it is a golden rule, though daily infringed, "that *a sore in a mucous membrane should never be touched with caustics*"). The sore, instead of healing, "as anticipated," grows larger; it bleeds, at times profusely, deglutition becomes more difficult and painful, the neighbouring glands become excited, the saliva is profuse, and of a ropy consistency, the darting agonizing pains become more frequent, not only through the tongue, but also in the ear and side of the head; the parotid gland (the gland at the angle of the lower jaw) becomes hardened and en-

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larged. Great difficulty is now felt in opening the mouth, which soon will hardly admit a small spoonful of food; if introduced, it can only be swallowed with much pain and difficulty. Although always hungry and always craving food, yet partaking of it is dreaded; the hemorrhage becomes more frequent and more profuse, which, with partial starvation, rapidly terminates life. However, if the knife instead of caustics be used, and a slice of the tongue cut off—if the patient survive the operation (which they do not in one-half the cases)—the sore caused by the knife seldom heals, and, if it does, within a few weeks the disease certainly returns. The consequences are the same as those described when caustics are employed, with this exception—that the termination of the disease generally occurs in about half the length of time. It is my experience, and I believe it is the experience of all surgeons, that *cancer* of the tongue, from its situation, is incurable; there being no well-authenticated case on record in which it has been cured. Sad and true as the statement is, yet much may be done in relieving the dreadful agony, in supporting nature, and in checking the usually rapid progress of the disease, and so prolonging life for a time, with comfort to the sufferer and to his family.

Space will only allow me to detail one case.

MR. S——, aged 55 years.

(*Cancer of Tongue—relieved.*)

Called on me on 18th January, 1866. About three months previously, felt a sore on right side of tongue. His doctor applied caustics every second or third day. Cannot trace it to any cause.

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Has been accustomed to smoke. Never heard that any one belonging to him ever had cancerous disease. On examination, found a large portion of the right side of tongue destroyed, the parotid and lingual glands enlarged. I recommended him to use constantly a mouth-wash of the watery infusion of hydrastis. The enlarged glands were covered with cloths moistened in a dilution of Veratrum viride; hydrastis, 30/x was given internally. Pain was assuaged, and the disease in a measure arrested, but, owing to the difficulty in taking food, and the waste of saliva, he gradually sank, but was exempt from pain and suffering.

CANCER OF THE ANTRUM.

There is a small cavity, surrounded by bony walls, immediately under the floor of the orbit, known to anatomists as "the antrum Highmorianum." If the second or last molar tooth were extracted, and a sharp instrument forced through either socket, it would enter this cavity. It is not unfrequent to meet with this disease here, generally assuming the form of medullary cancer, known as fungus hæmatodes. Conceive a tumour confined within bony walls, daily increasing, and having power to burst asunder its hard casement, and then the agony can be imagined but not described; yet even in such a seemingly hopeless case ease and prolongation of life can be obtained, although a cure is not to be expected.

In the first stage the patient feels a sense of fulness in the cheek at the roots of the back teeth, perhaps a soreness in chewing is felt—perhaps a slight discharge occurs. The family dentist is consulted, who pronounces "that there is an abscess at the root of the tooth, and that it must be extracted." To their surprise, no relief is obtained. The family surgeon is called in, and if he be an adventurous

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gentleman, conceiving there is a deep-seated abscess there, he plunges a lancet or trocar into the socket. Even his bold treatment does not afford relief; indeed, it has increased the difficulty—a discharge is set up. The intensity of the pain increases; the rapidly increasing tumour presses against every side of its bony prison, until one gives way. It may force itself through the floor of the orbit, or into the nostril, or through the socket of the tooth into the mouth, in the form of a fetid, bleeding, rapidly increasing fungus. If this should be detached by ligature, it grows within twenty-four hours to its original size. Constant discharge, constant bleeding when attempting to swallow food, and especially the dreadful fetor and awful suffering, soon destroy life.

MR. ——.

(*Fungus hæmatodes of the Antrum.*)

This gentleman was a surgeon in the neighbourhood of Loughborough, Leicestershire, and was anything but my friend in that part, where I had been the instrument, under God, of relieving and curing some four or five sufferers.

In 1863 he felt an uneasiness at the root of the last left molar tooth. It was extracted, and almost immediately a fungous growth appeared; he then consulted his old friend, Mr. P——t, of Leicester, who burnt it down with caustics, yet the next day it was larger than before. A ligature was tried, without success. As a last resort he came to me, whom he had so often opposed, acknowledged frankly what he had done, and, as a dying man, expressed his regret, and begged me to try if I could relieve him. I received him with kindness, and gave him the best of my advice, but whether he followed it or not I cannot say, as I read an account of his death in the papers shortly afterwards. This is not the first case where those who have been my active opponents, when disease either attacked them or any of their family, have then had recourse to my advice; and I am glad to state that in

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more than one instance the means prescribed have, through God's blessing, been crowned with success, and my former enemies have become my fast friends.

MRS. B. G——.

(*Cancer of the Antrum.*)

This lady felt a soreness at the roots of one of the left molar teeth. She immediately went to her dentist, in Exeter, who extracted it. This afforded no relief: a surgeon was consulted, who pronounced she was suffering from a deep-seated abscess. The socket from whence the tooth had been taken was pierced, and an entrance made into the antrum. The usual tale of suffering ensued. She consulted me during the summer of 1863. I had a number of letters from her husband, acknowledging that the prescriptions I gave invariably afforded relief and tended materially in greatly prolonging her life.

CANCER OF THE UPPER AND LOWER JAWBONES.

Cancer does not attack these part so frequently as it does other portions of the body. It sometimes commences as a bony growth, or as a hard deposit. Caustics are used by the family surgeon, but the disease increases. An operation by the knife is proposed and acceded to, for any surgeon with common anatomical knowledge and surgical skill, easily removes a large portion of the jawbone. In the process of healing, the sore produced by the operation generally assumes a malignant type; fungous growths, fetid discharge, accompanied with hemorrhage, soon do their work; but if the wound should heal, so much the worse for the patient, for the disease soon reappears, not generally in the jaw, but under the chin and in the neck. This new ulceration advances rapidly; a large opening under the tongue is soon made into the cavity of the

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mouth or throat. The saliva constantly trickles through the unnatural opening, emaciation rapidly takes place, owing to the difficulty in swallowing, and from the constant flow and waste of saliva.* Emaciation and hectic speedily supervene, which soon end in death. Or, perhaps, ulceration, in its destructive progress, suddenly opens one of the large blood-vessels of the neck. In such a case, a happy relief from suffering is granted a few minutes after. Yet even this form of disease may be cured.

J. N——, aged 18 months.

(*Osteo-sarcoma of Lower Jawbone—cured.*)

This child was the son of a man in whom the hereditary taint was developed in all the male members of his family for four

* Physiologists have proved that saliva is necessary to digestion, and without a sufficient quantity of it the food cannot properly be digested or afford nourishment. I believe my uncle, the late Granville Sharpe Pattison, was the first to note this interesting fact; for when Professor of Surgery to the Andersonian University of Glasgow, some fifty years ago, he was called to see a condemned felon, who succeeded, after sentence of death had been pronounced, in cutting his throat, dividing the œsophagus (the tube by which the food passes from the mouth to the stomach). The prison surgeon, after securing the blood-vessels, had the prisoner fed by passing a tube into the œsophagus, and pouring soups, &c., through it into the stomach. This was of no avail; the man rapidly became weaker—indeed, was dying from starvation. My uncle, from his reputation and family position, was sent for, and on seeing the poor criminal, he observed the constant flow of saliva dropping from his mouth and wound. The thought struck him that saliva was necessary for digestion. He ordered it to be collected, and mixed with the man's food. A rapid improvement immediately took place; he gained flesh, and the wound rapidly healed. Unfortunately, in those days, justice was more severe than in these. No reprieve could be obtained, and the poor fellow, after being the means of proving a most important physiological truth, expiated his crime on the gallows.

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successive generations. This infant suffered from a hard bony excrescence in the lower jaw-bone. Its sufferings were great. A tooth was extracted by a surgeon at Fenny Stratford, but the growth rapidly increased. They consulted a surgeon at Northampton, who proved it to be malignant disease, and that there were only two ways to treat it—viz., either to cut or burn it out when under chloroform. The poor mother trembled at these alternatives, but consented, and the following Saturday was appointed for the operation. On their return journey home they met a stranger in the railway carriage, who gave them my address. They brought up the child next day to me. It was a most unpromising case, even in the adult, seemingly hopeless in an infant. I deprecated all attempts at operation. I prescribed hydrastis as a lotion, and hydrastis, 6/x, internally three times daily. I saw the child in a month afterwards; all inflammation and irritation had passed away. He slept and ate well. The hydrastis was changed to 3/x, with the same dilution of rumex. There was a gradual improvement, and in the course of seven months he was quite well, and has remained so for the last nine years. An uncle of this child suffered from cancer of the lip shortly after this. He placed himself under my treatment. He also is quite well.

CANCER OF THE NECK.

Cancer is seldom met with in this part of the body. It is generally found here as a sequence to the disease in adjacent parts, as the tongue, jaw-bone, and more frequently in advanced stages of cancer in the breast. When occurring as a primary disease it most frequently appears as a tumour or wart: this becomes irritated and inflamed, and rapidly increases in size, assisted, probably, by injudicious applications, as painting with iodine, or some exciting lotion equally mischievous. Or perhaps excision is attempted; if either treatment be adopted, the result is usually the same, and is as certainly fatal as that which follows the mismanagement of this disease in the lower jaw-bone, or tongue.

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THE REV. T. F——, aged 55 years.

This gentleman came from Canada in the Spring of 1853, for the purpose of consulting me. About nineteen years previously, a small tumour appeared in the angle of the right jaw, which gradually increased to the size of an orange. Latterly, he suffered a good deal of pain, especially during mastication, and when speaking. He consulted many of the most eminent surgeons in the United States and Canada, all of whom declined interference with the tumour. Being informed that, from its recent rapid increase, and the peculiar nature of the pain, it would soon degenerate into a malignant tumour, he came to England expressly to consult me. I found the tumour occupying the right parotid region, of firm consistency and immovable. I commenced treatment early in July, 1853, and, though frequently interrupted by serious hemorrhages, the tumour came away on the 25th of October, and he left London cured on the 16th of November, 1853. On account of one attack of hemorrhage, a leading hospital surgeon of London had occasion to see this patient, and expressed his conviction that the situation of the tumour would have rendered any attempt at removal by the knife hazardous, if not hopeless.

This gentleman returned to Canada, and continues in good health; and was able to go through his duties as a minister without pain or inconvenience when I last heard of him (in 1864).

MISS B——, aged 55 years.

(*Scirrhus of the Neck—cured.*)

This lady consulted me in April, 1858. She stated, she first felt a small tumour about an inch below the angle of the left jaw some twenty years previously. At that time it caused no pain. About three years ago (1855) it began to increase, causing sharp darting pains at times, which caused much anxiety. She then went to one of the wise men living in Nottingham. He treated her for seven months without doing any good. She afterwards went into Derbyshire to consult a wiser woman there, under whose care she remained some three months, but gradually got worse. She then came up to consult me. On examination, I found a small scirrhous tumour on the point of ulceration; this I enucleated, and she speedily recovered. Since then she has remained quite well.

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CANCER OF THE SHOULDER.

I have only met with cancer on the shoulder in some half-dozen cases in all. They were cases of true schirrus, appearing as a small, hard tumour, which ran the usual course.

MRS. ——, aged 23 years.

(*Cancerous Tumour on Right Shoulder.*)

This lady was the wife of an officer in the Royal Artillery. Her mother and grandmother had died from cancer. About three years ago a small lump appeared upon the deltoid muscle of the right arm. The sleeves of her dress having irritated it, it rapidly increased. It had all the symptoms of malignant cancer. Upon the 9th of September, 1856, I commenced treatment. On the 26th of the same month the disease came away, and on the 28th October she was quite well.

CANCER OF THE ARM.

I have met with several cases of cancer of the arm. All were true schirrus, excepting one, which was epithelial, and which commenced as a wart. Either form, when irritated, soon passes into the second stage. The pure surgeon in such cases generally recommends amputation of the limb as high up as possible.*

MR. B——, aged 35 years.

(*Cancer of Left Arm—cured.*)

This gentleman called on me during the month of January, 1860. He was then suffering from malignant tumour on the left

* Indeed, I remember amputating the limb of a lady at the shoulder-joint twenty-three years ago (an operation which, with my present experience, nothing would tempt me to perform, with the hope of curing cancer of the arm). This case, like all similar ones, failed; for, although the wound healed kindly, and the lady was able to go about for a few months, yet within the year death supervened.

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arm, causing severe and continuous pain. Several surgeons had repeatedly urged him to have it cut out, but, dreading the knife, he put it off from time to time. To have attempted to absorb a tumour of this nature in this situation would have been verily wasting valuable time. I therefore commenced at once to enucleate it; in three weeks the disease was removed, and shortly afterwards he returned home. It is now nearly eleven years since this gentleman was under my care, and there has so far been no return of disease.

CANCER OF THE HANDS AND FINGERS.

Cancer in the extremities is not so frequently met with as in other parts of the body, although, within the last sixteen years, I have seen many cases.

Mrs. B——.

(*Cancer of the Hand.*)

I first saw this young woman on the 18th January, 1859; she had been suffering from a disease of the hand for the last four years; it gradually became worse. She consulted Mr. S——, of Guy's, and Mr. G——, of Whitechapel; the latter gentleman applied caustics freely, when the original disease rapidly degenerated into malignant ulcerated scirrhus. She was under my care for about two months, and returned home cured.

CANCER OF THE BREAST.

In no part of the body does cancer assume so many forms, although all running through the three distinct stages, as it does in the breast: for instance, a scirrhous tumour may present many phases not usually met with in other parts; indeed, so varied are those forms it may assume, that it requires careful observation, and long experience, not only to be able to recognize its real character, but to meet the various symptoms that may arise; for instance, scirrhus, although always appearing in the form of a tumour, which produces in most cases

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an unaccountable feeling of lassitude and uneasiness, in another case is unnoticed, giving no cause for alarm. In others, again, the sharp, darting pain becomes daily more frequent and acute.*

In the one case no alarm is felt, and much valuable time is unintentionally lost; in the other, the peculiar pain causes anxiety, and a surgeon is consulted, who pronounces it to be "*only a tumour*," and much valuable time thereby is unwittingly lost. In both cases the disease is allowed to take its course. The mind dwells on the tumour (*and mind has a potent effect on matter*), which increases more rapidly; but, in the one case, although the tumour increases, the size of the breast is not perceptibly enlarged, owing to the fact that this form of cancer has the power of adding to itself, or converting the adjacent tissues into malignant disease, thereby changing the original healthy structure, until the whole of the breast becomes as hard as a stone. In the other phase of scirrhus the breast becomes nearly twice its normal size; the pains rapidly increase in frequency and in severity; the nipple (in both cases) is gradually retracted, until it almost disappears. The constitution becomes impaired, and a gradual sense of weakness is felt, although the appetite may still remain good. The third, or final stage, that of "ulceration," soon commences. In one case it is ushered in by the appearance of one or more small red spots on the surface. They ulcerate, discharging a thin ichorous

* Pricking, darting, or lancinating pains, *not constant*, but at intervals, are a marked characteristic of this disease; indeed, they are never felt in a simple or non-malignant tumour.

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matter; the ulcerative process rapidly spreads, and the skin is soon destroyed. Or, in another case, the pimple, or sore, after ulcerating, does not rapidly spread superficially, but burrows into the substance of the breast, soon forming a deep cavity, discharging unhealthy pus, often mingled with blood. In both cases the glands of the armpit and neck become enlarged; but this sooner occurs in those cases where the ulceration is superficial, which is by far the most terrible form of cancer that is met with in this part; for, when this phase occurs, the adjacent skin is altered, its texture becomes thick, rough and corrugated, and the skin of the neck and abdomen assumes a leathery feel. The disease now spreads with amazing rapidity, not only under the arm, but upon the shoulder-blade, in one direction; whilst the other breast is rapidly invaded. The arm on the diseased side swells, until it becomes nearly the size of the thigh, but as hard and unyielding as a stone. Before this time there appears, immediately under the skin, small pea-like bodies (most frequently two or three together, sometimes only one), scattered here and there, especially in the cuticle below the diseased breast. On the neck and shoulder-blades these at first are very irritable, giving rise to constant desire to rub them; soon this changes to acute pain, especially if the unfortunate patient has to lie any length of time; if the sufferer live long enough, they rapidly ulcerate, adding to his misery; but this is seldom the case. Respiration is impeded, the patient feels as if bound in a tight corselet of iron, appetite fails, the stomach and other organs are involved, cancerous deposits

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take place behind the eyeball, the eye is protruded, vision lost, hectic and effusion take place, and the poor sufferer is then speedily released. This is no overdrawn picture, for I frequently meet with this saddest of all forms of a sad disease. These terrible symptoms are rarely found in those whose disease has not been injudiciously treated, but most frequently where the knife, or caustic, has been used.

Such is the usual course of scirrhus, or of stony cancer. I will now describe a case of the usual course of fungoides or medullary, or the soft form of the disease. As in scirrhus, medullary cancer commences in the form of a tumour (a tumour rather soft to the touch), with a feeling of fluctuation, as if it contained fluid, and, although soft, irregular in its form. In its second stage, or that of increase, its growth is generally more rapid than that of scirrhus; and although sometimes attended with the sharp lancinating pains peculiar to this disease, yet they are not so severe nor so frequent as those felt in the first phase. An indescribable feeling of anxiety is ever present: a surgeon may be called in, who has no experience in this disease, and it is pronounced to be "*only a tumour*," "that it is of no consequence, that it will come to nothing for ten years to come, and then, if necessary, it can *be cut out, when the knife will put all right.*" A pain is now sometimes felt, not so much in the tumour as in other portions of the breast, generally nearer the other breast, as if the bone were sore—the disease making giant strides; and soon the whole breast becomes swollen, the skin smooth and polished, while here or there a purplish spot appears. The third and fatal stage becomes

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rapidly developed: this small discoloured spot becomes larger and more prominent, ulcerating usually in the form of a circular sore, with jagged irregular edges, and then immediately follows a free discharge of bloody matter.

In these cases the destruction of the skin is rapid: a fungous growth springs up with great rapidity, bleeding when touched, and at other times exuding a fetid discharge. This draining discharge rapidly reduces what little strength there is left; the effusion renders the poor sufferer an object of disgust to those nearest and dearest around her, and even to herself; exhaustion and delirium set in, and the sad tale is ended. One thing remarkable in this form of disease is, that the adjacent glands are seldom affected: the suffering is not so severe as that of scirrhus, although the fatal termination is generally more rapid. Once more, there is another form this disease assumes, and unfortunately one not uncommon, and probably more dangerous than those described, as the patient is more easily lulled into false security. It is usually not observed or known until it has reached the ulcerative stage; and, perhaps, of all kinds of cancer it is the least painful, although not the least fatal. The patient is first alarmed by noticing a discharge of matter, or perhaps of blood, from the nipple, on the linen. The breast is examined, and a tumour is distinctly felt, deep-seated in its substance. The physician is consulted, who pronounces it to be "*nothing*," perhaps "*only a weakness* or *only a tumour*." A lotion, or perhaps something more mischievous and useless, as leeches, may be prescribed; the disease is still there, and

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from time to time the discharge recurs, more profuse, more frequent, until it becomes an established drain. The health begins to suffer; a sense of weakness, and inability to make any exertion, is felt; the nipple disappears, or it may come out altogether, eaten away by the corroding discharge. Great alarm is now felt. On examination, a large opening is found, leading deep down into the substance of the breast; pain occurs, the walls of the breast are soon destroyed, and a large excavated cancerous sore, bleeding at the slightest touch, is exposed to view. Fungous growth may or may not arise, but exhaustion, hectic, and death rapidly succeed each other.

Surely I have written enough on the usual course of these forms of disease as they occur in the breast; and, sad and truthful as the description is, I believe there is no cause for alarm, or fear, if a proper mode of treatment be adopted in their first stages: and, even in the worst and most advanced of these stages, much good can be, and is, done by the use and application of these new remedies (to which I have alluded, as being peculiar to my treatment of these diseases), in assuaging pain, in arresting the ulcerative process; or, if that have already taken place, to check the discharge, to remove the fetor, to stop the bleeding, and so make the sufferings of the patient more bearable to herself and friends.

I shall now transcribe from my case-books a few cases, proving what can be done by judicious treatment, in what has hitherto been considered as a hopeless and fatal disease.

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Miss W——, of Glasgow.

(*Hereditary Cancer of Left Breast.*)

This young lady had a hard scirrhous tumour in her left breast for more than a year. The usual symptoms of the disease were fully developed. It was a case of hereditary cancer, her mother having suffered from it. I commenced the treatment for its removal by enucleation on 28th May, 1856. On the 28th June the tumour came away, and on the 15th July she returned home quite well. She remains free from any symptoms of its reappearance up to the present time—more than fourteen years ago.

Miss H——.

(*Hereditary Cancer of Left Breast—cured by Absorption.*)

This lady came to me on the 12th August, 1854. Upon examination, I found a hard lump, about the size of a hen's egg, in the left breast. She suffered at times from sharp, darting pains through it, while the tumour was, at the time, rapidly increasing in size. The disease was hereditary in her case, her mother and sister having died from it. I put her under treatment for removing the disease by absorption. She returned home to Bristol, improving by degrees until July, 1855, when all remains of the disease had disappeared. Although the hereditary taint was strongly marked, yet I have no apprehension of a return. I received a letter from her brother, in 1859, in which he says that "she continues quite well."

Mrs. W——.

(*Hereditary Cancer of Right Breast—cured by Absorption.*)

Mrs. W——, a young married lady, applied to me on the 30th August, 1860, having a small, hard, stony tumour in the breast, just above the nipple, which had increased rapidly. She stated that her grandmother and two of her uncles had died of cancer, and that her mother was at that very time suffering from the disease. The tumour was painless, and I therefore determined to try what constitutional remedies might effect, before attempting enucleation. She was placed under an absorbing treatment; and I had the satisfaction to find, on her last visit, December, 1860, that all traces of the tumour had disappeared. I had my doubts, at the first consultation, whether this tumour was of a true scirrhous structure, and the result confirmed my diagnosis.

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Mrs. B——, Yorkshire.

(*Cancer of Right Breast.*)

Suffered from cancer of the right breast. She was an unhealthy-looking woman. About three years previously, she noticed a swelling in her right breast, which gradually increased in size, giving rise to constant darting pains, and much uneasiness in the arm and hand. She had been seen by several medical gentlemen, who noticed the peculiar waxy appearance and anxious expression, which are usually observed in this disease, when the system is fully impregnated with it. I undertook her case, with but little hope of ultimate success, and commenced to enucleate the tumour on the 6th October, 1856; and upon the 12th November the diseased part came away, and she returned home quite well, December 29th. The great influence of my remedies upon the well-marked cancerous diathesis was rendered manifest; for, as the medicines became absorbed, there was a daily change in the expression of her face, indicating the improved state of her health; and she continues quite well to the present time (January, 1865).

Mrs. ——.

(*Cancer of Right Axilla.*)

I saw this lady for the first time on 8th August, 1855, and found her labouring under cancer of the axilla (armpit). It first appeared about two years ago. Since then she has been under the care of the most eminent surgeons in London. Upon examination I found that the left breast and the axilla were fearfully involved with cancerous disease. The arm was also enormously swollen, and she suffered much pain, which seemed to be constantly darting through these parts to the lungs, in which I detected slight effusion. I was unwilling to interfere in such a hopeless case; but, as I was urged to do so, I had the satisfaction to reduce the swelling of the arm in a great measure, checking the disease, both in the armpit and breast, by which she was relieved of much suffering, and at the same time the effusion in the lungs was checked. She was removed to Ramsgate, where the effusion rapidly increased, and she died on the 15th of October, 1855. Her husband, in writing to me on that day, said, "*Your remedies certainly greatly relieved her.*"

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MRS. ——, aged 45 years.

(*Cancer of Left Breast.*)

This lady had been suffering from a malignant tumour in the breast for some years. Latterly she has been troubled with the lancinating pains peculiar to this disease, with numbness and pain in the hand and arm. I first saw her upon the 2nd July, 1856, but did not commence treatment until the 11th of the same month. Upon the 12th August the tumour dropped out, and upon the 19th September she returned home, being quite well. I have frequently seen this lady since, and she remains quite well.

MISS S——, aged 20 years.

(*Cancer of Left Breast.*)

This poor girl, when only seventeen years of age, first noticed a tumour in her left breast, which gave rise to great uneasiness and pain, with the lancinating pains peculiar to cancer. I saw her for the first time on the 23rd April, 1860, but, considering the age of the sufferer, I determined to try the effects of absorbing treatment. This was persevered in for six months, with but little effect, when I determined to enucleate the disease, and in October I commenced treatment, and by Christmas I had the satisfaction of sending my young patient home quite well.

MRS. ——, aged 70 years.

(*Cancer of Left Breast—cured after operation.*)

This old lady in 1837 suffered amputation of the left breast; it healed up, and it was not until 1852 that any reappearance of disease took place. (This is the longest period upon record between an operation and the reappearance. For Mr. Paget, in his valuable work, states, that he has not known a longer period than eight years to intervene between the operation and the recurrence of disease.) It recurred as a small tumour, which soon assumed the true cancerous type. I first of all, on account of her advanced age, tried to check the disease; but not proving successful, she came under active treatment on the 14th May, 1856; upon the 4th June the diseased mass came away, and upon the 15th July following she returned home quite well.

This lady died in 1861 from dropsy. Her family surgeon pronounced that he could not detect the slightest remains of cancerous disease.

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MRS. S——, aged 52 years.

(*Cancer of Right Breast—cured.*)

This lady visited me on the 10th August, 1861. She had a hard tumour in her right breast for two years previous, but, becoming alarmed, she showed it to her medical attendant, who recommended her to consult me. I pronounced it to be a case of genuine scirrhus, and proposed immediate enucleation. Before submitting to treatment, she called on Mr. Fergusson, who confirmed my opinion. The operation was eminently successful. In five weeks the tumour came away, and soon afterwards she returned home quite well. When I last heard of this lady she continued well.

MRS. ——, aged 63 years.

(*Ulcerated Cancer of Right Breast, cured for three years, then suffered a relapse from injuring the parts by a fall.*)

In the Spring of 1856 this lady noticed a small lump on her left breast. She then consulted her medical attendant, under whose care she was nine months, but the tumour rapidly increased. Shortly after this she consulted Mr. Paget, who recommended immediate operation, but could not promise a cure. She then consulted Mr. Bowman, of Clifford Street, who did not concur in Mr. Paget's opinions. Afterwards she saw Mr. Henry Johnson, of Suffolk Place, who told her sister, "With such a cancer, he would be sorry to guarantee her life for two years." It was three months after this before she consulted me. It was a most unpromising case; yet I was enabled to remove all disease. In a letter she wrote to me, dated 11th January, 1865, she states: "*You completely relieved me from all pain, without causing any injury to my general health, and I am now quite well.*"

Some time after this she fell, during a frost, on the pavement, seriously injuring her right side: a recurrence of disease occurred in such a form as to preclude hope of recovery. However, the progress of disease and all suffering were easily arrested.

MRS. S——, aged 45 years.

(*Cancer of Left Breast—cured.*)

Consulted me on 27th July, 1863. About eighteen months before, her attention was drawn to her breast by frequent pangs of pain. On examination, found, to her surprise, a hard lump,

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and that the nipple had almost disappeared. Consulted her doctor, who painted it with iodine, which gave rise to great pain. On examination, found the whole breast to be one stony mass of scirrhus: the glands were intact. She consented to submit to enucleation, and in ten weeks she returned home quite well. I saw this lady about a year ago (1867), and then she was free from all symptoms of disease.

MRS. ——, aged 51 years.

(*Scirrhus of Right Breast—cured.*)

This lady called on me on Good Friday, 25th March, 1864. She was suffering from scirrhus of right mamma. There was enlargement and pain in the axilla, but, as she told me, this had only appeared about a week before, accompanied by pain, showing that the cause was more inflammatory action than disease. I therefore advised immediate enucleation, which was entirely successful.

MISS ——, aged 38 years.

(*Cancer of Left Breast—cured.*)

This lady called on me on 28th January, 1864. About a year before, in playing with some children, she received an accidental blow on the left breast. It was very painful for a time, but soon passed away. Her attention was called to the breast by its increased size and weight. The adjacent glands were intact, but for a month previous the lump in the breast had increased rapidly. I recommended enucleation, to which she consented, and she returned home in three months quite well.

MRS. B——, aged 48 years.

(*Scirrhus in Right Breast—cured.*)

I first saw this lady on the 3rd November, 1863. She was alarmed some three months before, by feeling pain and tenderness in her breast. She can ascribe it to no cause. On examination, discovered a hard scirrhus, about the size of a hen's egg. I recommended enucleation, to which she consented. The disease was speedily removed, and she has continued ever since in perfect health, as far as her original disease is concerned.

MISS ——, aged 70 years.

(*Fungoides or Medullary Cancer of Left Breast—cured.*)

I met with this lady for the first time on the 4th November, 1862. In 1860 she felt a small tumour in her breast—soft, and

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causing little or no pain; but soon it increased with rapidity. She consulted several surgeons of eminence, who only advised her to keep it warm. On examination I found a large cone-shaped tumour, occupying the whole of the left mamma; skin shining, tense, and conveying the sense of fluctuation to the touch. It was of a livid purplish colour, the glands and armpit quite normal. I advised its removal by enucleation, to which she at once assented. I commenced by injecting the sac with a solution of persulphate of iron, until all feeling of fluctuation had disappeared. The usual process of enucleation was then commenced, and in ten weeks the lady returned home quite well.

Mrs. ——, aged 22 years.

(*Medullary Cancer of Left Breast—cured.*)

This lady came to see me on the 16th of October, 1863. She had been a great sufferer, first from scarlet fever when fifteen years old, after which, as a sequence, she had spinal disease, from which she lay on her breasts for two years. No doubt the continued pressure gave rise to her malignant disease. I proposed enucleation, to which her husband consented. She placed herself under my care on the 3rd of November; on the following Christmas she was well enough to go out to a dinner party. The sore speedily healed, and, when I last heard of her, she was quite well. This case being incipient, I did not inject the tumour previous to operation.

Mrs. ——, aged 59 years.

(*Ulcerated Fungoides of Left Breast—cured.*)

This lady felt her breast increasing in size in the summer of 1865. She could feel no lump, but it grew very heavy; she was advised to keep it warm—probably the worst advice that could be given, for if one part of the body be kept warmer than the other, then an increase of blood will flow to that part; and if it be to a diseased part, then a rapid increase of disease ensues. She consulted me on the 16th December, 1866, when I found her whole breast enormously enlarged, with a large fungous growth, the size of a turnip, on the top, bleeding whenever touched, and constantly pouring out ichorous, acrid, watery fluid, tinged with blood. Before calling on me, she had consulted two of our leading surgeons, who stated that nothing could be done. I hesitated a long time whether to undertake the case or not, but, remembering

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it was my duty to endeavour to save life, I proposed enucleation, explaining, at the same time, I had but little hope of success; she and her husband willingly consented, as the tumour bled whenever touched. I injected it with the persulphate of iron daily, until all discharge had ceased. I then enucleated it in the usual way, and within four months the poor lady returned home well, and has enjoyed good health ever since.

Mrs. ——, aged 48 years.

(*Fungoides of Left Mamma—cured.*)

This lady perceived a swelling in her left breast in the Spring of 1864. At first she paid no attention to it, but in the following December her husband brought her up to town to see Mr. Paget, and both were horrified when he stated she could not live three months. I visited this lady in the country in February, 1867. Her breast was enormously swollen; the skin shining, tense, and hard; suffering intense pain. As a means of prolonging life, I proposed enucleation, to which her husband and herself consented. After taking the usual precautions, enucleation was commenced, and now, nearly four years since, she is tolerably well.

I might transcribe hundreds of cases from my notes, but surely I have cited enough to prove that enucleation is safer, and more certain in its results, than exsection by the knife.

CANCER OF THE ABDOMINAL WALLS.

I have met with several cases of cancer in this region; all were scirrhus, with the exception of one, which was true medullary. It is a troublesome place for any disease to attack, for the clothes keep up constant irritation from every movement. If caustics are employed, or the knife resorted to (and it requires a most skilful surgeon to attempt an operation here—a tyro would enter the cavity of the abdomen at the first incision), the disease speedily

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reappears in its worst, its secondary, form, but seldom in the original place—generally in the groin or breast. In this case the greatest skill and caution is required, otherwise death soon severs the connexion between patient and surgeon.

MR. H——, of Watling Works, Stoney Stratford.

(*Medullary Cancer of the Abdominal Wall.*)

I saw this gentleman for the first time on the 2nd September, 1861. About eighteen months previous to that date a small wart, which he had noticed for many years, became irritated, commenced bleeding at times, and, increasing, caused much alarm. Several applications were tried without effect. When I saw him there was a large bleeding cancerous tumour, the size of an orange, to the left of the navel, but rather below it. The previous day it had bled profusely, saturating his clothes, and almost entailing fainting. My prognosis was most unfavourable; indeed, I told him there was little hope of effecting more than relief for a time—as for cure, it could not be expected. He made arrangements for placing himself under my care. The means employed were wonderfully blessed, and at the present time he is quite well, and free from all cancerous disease.

CANCER OF THE GROIN.

Malignant disease is frequently met with in the groin, seldom as primary disease, but as secondary, *i. e.*, the disease does not often appear in this situation at first alone, but in some neighbouring part, as the scrotum, womb, &c. If the disease exist in adjacent parts, the glands in the groin become speedily implicated, through the absorbents conveying the virus from the diseased parts to them. This part of the body (owing to its numerous nerves and large blood-vessels) is so dangerous, that even the boldest surgeon seldom undertakes the task of removing

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therefrom cancerous disease or tumours. On the other hand, caustics are freely employed, ulceration rapidly increases, and death (in most cases from hemorrhage) speedily and often suddenly occurs.

REV. MR. J——.

(*Cancer of the Scrotum, attacking the Groin.*)

I first met this gentleman on the 25th of June, 1860. Two or three years previous he observed a wart on the scrotum, which caused no alarm until it commenced to ulcerate. He was examined by several surgeons, who proposed operation by the knife. Fortunately, he refused his consent. When I saw him, I found a large ragged sore in the scrotum, with both groins seriously affected. He placed himself under my care, and for the last four years and a half the disease has been kept under control, with freedom from suffering.

CANCER OF THE WOMB.*

This is not only a frequent, but it is a dreadful, place, for the disease to occur in. I have met with over four hundred cases of true cancer of the womb. In the majority of these it could be traced to no cause; in a few, malpractice on the part of the accoucheur could be traced as an exciting cause; but in more, from the culpable practice of applying caustics to the neck of the womb, in the vain hope of curing a simple ulceration, or the homicidal and futile attempt to reduce engorgement of the organ itself (womb) by the application of leeches. This may be considered by some to be strong language, but I feel justified in using it, from what I daily and hourly hear and see. In some few cases (and these are very few), the physician cannot

* See work on "Diseases peculiar to Women." J. Pattison, M.D. London: Turner and Co. 1866.

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trace the sudden appearance of this very sad disease to any cause. For instance, a lady, although she has felt strong, and yet may have been suffering from this disease for months, unsuspected by herself or family, is first alarmed by a sudden and unusual gush of blood. She feels exhausted and frightened, and the family doctor is sent for, who discovers the existence (never suspected before) of the fatal disease, now, alas! too far advanced to afford any hope of even relief, from the common every-day remedies, which were in vogue in the days of our grandfathers. If the case be minutely examined, it will be found that the lady has, perhaps, for years, been suffering from a white discharge, known as leucorrhœa (whites). She has paid no attention to this, although conscious of a sense of daily weakness. If not advanced in age, in most cases, a slight irregularity as to the monthly period occurs, at one time occurring within a fortnight or three weeks, in another not until the fifth or sixth week. When too frequent the flow is not natural; it does not flow imperceptibly for three or four days, but it comes away in gushes, in clots, gradually giving rise, if not to alarm, yet to a feeling that all is not right. To this is added a sense of fulness or of weight in the lower portion of the bowels, generally on one side. The leucorrhœa, which at first was colourless and limpid, now becomes more profuse and watery, now and then tinged, or rather streaked, with blood. The discharge, now, is not only profuse, but it causes great irritation. A physician is consulted; he gravely pronounces that ulceration, or, perhaps, displacement of the womb,

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has taken place, and the panacea of all easy-going surgeons is prescribed (caustics). Up to this period pain has not been excessive: now come sharp twinges, and an indescribable feeling of anxiety and depression takes possession of the sufferer. The caustic having been very carefully and very skilfully applied, the patient is cheered during her sufferings, that all will soon be well, that now there is no cause for fear. Vain hope! the pain increases, instead of diminishes, after each application; the discharge is not only increased, but now it stains the linen with a peculiar dirty stain, indescribable, yet recognized when seen. It soon becomes fetid; hemorrhage, in profuse gushes, becomes more frequent; and the monthly flow is more irregular, not only in quantity, but as to time. If the disease should assume the erroding or destructive form, ulceration speedily destroys the neck of the womb, the stomach speedily becomes affected, food is loathed and rejected, severe and almost constant pains are felt in the lower portions of the body, and down the thighs: soon after this death takes place. Or, on the other hand, if, instead of the erroding form of the disease, it should assume a fungous growth, then the symptoms slightly vary, the growth fills the vagina (passage), causing pressure on the rectum, producing piles, and prolapsus of these parts. The fungous growth entails excruciating suffering, by pressing on the pelvic nerves, running down the thighs. The agony, at times, becomes intense, and the discharge is constant, fetid, and tinged with blood; food is loathed, mania supervenes, and death (a happy release to the Christian) soon occurs.

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MRS. ——, aged 48 years.

(*Cancer of the Womb—relieved.*)

I was called in to see this lady on the 15th November, 1864. I was struck by her appearance, presenting the well-marked type of cancerous cachexy. Naturally dark, her skin was yellow; features pinched into the waxy anxious look so peculiar to this disease. She informed me that she had many miscarrages; only one of her children was born alive. Her disease first commenced with floodings, some five years previous. Her mother, sisters, and aunts had suffered from malignant disease. She had had caustic applications repeatedly applied to the cervix. At intervals she was in great pain, subject every two or three weeks to profuse floodings. On examination, found the vagina filled with a morbid mass. In the course of a few weeks, her pains were entirely relieved. The hemorrhage and draining discharge were arrested, and she lived for three years with comfort to herself and family. The proximate cause of death was disease of the lungs.

MRS. ——, aged 39 years.

(*Cancer of the Womb—relieved.*)

I was called, on the evening of the 25th March, 1867, to see this lady, who was then suffering from excessive flooding. She can trace her disease to no cause, except that of severe labour (eighteen years previously), when she gave birth to an only child. Until August, 1866, she felt well, when a sudden hemorrhage took place; since then, it has occurred at frequent, though irregular, intervals. She had seen, and been under the care of, most of the leading physicians of the day, eminent in uterine disease; but all failed, either to arrest flooding or in giving her relief. When I saw her, I found her almost pulseless, and faint from loss of blood. I threw into the vagina a solution of the persulphate of iron, which speedily arrested the flow, and afterwards placed her under constitutional treatment. She was soon able to leave her room, and from that period, until July following, she had only one flooding, so slight, that it was speedily checked. In July she was able to go into the country. I did not see my patient after this, as she suddenly died from what the country surgeon called apoplexy.

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MISS ——, aged 41 years.

(*Cancer of the Womb—cured.*)

This lady consulted me in January, 1862. She had been suffering for eighteen months from acute pain and frequent hemorrhage. She had consulted the leading surgeons of the day, all of whom pronounced her case incurable: one of them ordered her to keep her couch, and to avoid the slightest exercise, whenever she put her foot to the ground. This was a most unpromising case; nevertheless in six months this lady was well, and could take her usual exercise.

MRS. ——, aged 31 years.

(*Cancer of the Womb—cured.*)

I was consulted by this lady on the 28th September, 1866. She had been suffering for nearly two years—since the birth of her last child. Her labour was a very severe one, instruments having been used; since then she has never had a day's good health, but constant pain and frequent floodings. On examination I found the cervix ulcerated and enlarged, and it felt as if it were made of stone. I placed this lady under treatment; and in the course of nine months the cervix was softened and normal in size, and she was restored to her former health.

As this form of disease is more fully treated in my work, on "Diseases peculiar to Women," I need not quote more cases here.

CANCER OF THE LABIA.

This is by no means an unfrequent form of disease. I meet with cases very often, but will only quote one, out of many, in my note-book.

MISS ——, aged 38 years.

(*Cancerous Ulceration of Right Labium—cured.*)

This lady came from Scotland, to consult me, on the 26th November, 1867, having been under the care of several distinguished physicians in Edinburgh and Glasgow, during the previous three years. On examination, I found the right labium enlarged, hard, painful, and ulcerated. She described the

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pains as if a knife were driven suddenly through the parts into the groin. Ulceration had only taken place since July, when caustics were applied, which caused great pain. Her sufferings at times were acute. All the members of her family for several generations had died from cancer. The uterus and appendages were healthy. I enucleated the disease. The lady returned home well in January. Last August I saw her, during my vacation, in Scotland, and could find no trace of disease.

CANCER OF THE PENIS.

This is by no means uncommon. It occurs either as scirrhous or epithelial cancer. In the latter form it generally first appears as a small wart or tubercle on the prepuce, which rapidly increases in size, soon involving the whole structure, the inguinal glands being speedily affected. In the former it generally appears in the corona, and soon the whole organ is involved in the disease. This disease is seldom met with in the young, but is not uncommon in the middle-aged and aged. Mr. Travers states that Jews, and those who have been circumcised, are seldom subject to cancerous disease in this organ. The usual treatment is the same as that adopted in other parts, viz., amputation; but little else is proposed. In these cases I treat cancer of the penis in the same manner as I do in other parts—*i. e.*, removing all traces of the disease by enucleation, and endeavouring to prevent any future return, by constitutional remedies. It is, however, a troublesome form to treat, owing to the difficulty of being able to protect the parts from the urine.

MR. ——, aged 55 years.

(*Cancer of the Penis—relieved, after two Operations.*)

In the month of August, 1852, this gentleman observed a small hard tumour on the glans penis; it increased rapidly,

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accompanied by pain, when he consulted a provincial surgeon in Scotland, who applied caustics. This only irritated it, and it grew faster. Towards the end of October he placed himself under the care of a distinguished surgeon in Edinburgh, who amputated a portion of the diseased organ. Before it healed, the disease reappeared, and he submitted to a second operation, in January, 1853. This was also unsuccessful, when he came up to London to consult me. I saw him on the 19th March, 1853, and on examination, found scirrhous ulceration, of what was left of the penis, extending into the scrotum and glands on left side. His sufferings were great. In such a case alleviation was all that could be hoped for. He gained strength, and was comparatively free from pain. He returned home on the 1st June. I again saw him the following August, in Scotland; then he was free from pain, and the disease was seemingly checked. However, as might be expected, in January, 1854, he died, without suffering.

MR. ——, aged 61 years.

(*Cancer of the Penis—cured.*)

This gentleman called on me on the 25th March, 1859. About a year before he noticed a sore on the penis, which his doctor burnt repeatedly with caustics. The sore spreading rapidly, he became alarmed, when he consulted a surgeon in Manchester, who informed him of the nature of his disease, and that his only hope was to submit to amputation. Having heard of me, rather than submit to such a fearful trial, he came up to London to consult me. On examination I found a large epithelial ulcer, the size of a shilling, which had involved not only a portion of the prepuce, but the glans penis itself. I treated the case with sulphate of zinc, and in the course of two months he returned home quite well.

CANCER OF THE SCROTUM.

Cancer, when it attacks this part of the body, generally assumes the epithelial form, the ulceration frequently being more canceroid than cancerous. It is generally known as chimney-sweepers' cancer, from the fact of its being often met with among those men, owing to the irritation produced by soot lodging between the folds of the scrotum. At first

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it appears as a wart, which, sooner or later, cracks and ulcerates, degenerating into a cancerous sore; the inguinal and pelvic glands soon become affected, and the patient dies. I have not met with it so often in late years, as formerly. The usual treatment is the common one, *exsection*. These cases of epithelial cancer I generally treat with applications of the anhydrous sulphate of zinc, accompanied with the usual constitutional remedies.

W. J——, aged 35 years.

(*Case of Chimney-Sweepers' Cancer of the Scrotum—cured.*)

Has been a chimney-sweeper since a boy. About six months ago (April 1858) he felt uneasiness in the scrotum, accompanied by irritation and pain. On examination, he observed a small tumour, which soon cracked and broke; a doctor applied caustics, but it got worse. He went into the J—— Hospital, where they wished to cut the piece out, but he would not consent. He was discharged from the hospital, and having heard of me, came up to London. I saw him on the 26th November, 1858, and found a large epithelial ulcer: applied ointment of sulph. zinci; ordered nutritious diet, and Phytolacca decandra. In six weeks he returned home quite well.

Mr. ——, aged 59 years.

(*Cancer of the Scrotum—cured.*)

This gentleman consulted me on 23rd February, 1859. He told me some four or five months before he felt great irritation in the scrotum; and on examination, discovered a small hard tumour, about the size of a pea; the irritation continued, notwithstanding the free use of water as a lavement; the skin broke; and, when I saw him, I found a small true chimney-sweepers' cancer, about the size of the top of a pencil-case. Immediately placed him under treatment, and, in the course of a few weeks, he was quite well.

CANCER OF THE RECTUM.

This disease, from its situation, must invariably be fatal, although much can be done to relieve and

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mitigate suffering. I have met with many cases. It is frequently met with in those who have unwittingly submitted to the knife for piles, and for fistula. These diseases are as easily, and more certainly, cured, without using the knife, as with it. (See latter portion of this volume.) In a few cases, no exciting cause can be traced for its production. It runs the usual course of cancer in other parts, only in this situation it is more rapid in its course and more painful; and relief, through death, is sooner vouchsafed. Here, as elsewhere, is the draining discharge (not often profuse), at first watery, then tinged with blood. Terror is felt when a necessity arises for going to stool, for then the agony is awful. In the majority of these cases, the fæces will be found flattened like a ribbon, owing to the constriction of the gut; indeed, the whole of the canal sympathizes with the parts affected. The stomach rejects food, emaciation becomes daily more marked and rapid, and delirium and death soon occur.

MRS. R——.

(*Cancer of the Rectum.*)

I saw this lady on the 3rd December, 1858. About ten years previous, she suffered from stricture of the rectum, which was ruptured by the imprudent use of bougies. The fæces, since then, have passed flattened like tape. Lately her sufferings have been greatly aggravated. She suffers agony when going to stool; there is also a free mattery discharge, frequently tinged with blood. At other times blood alone is passed. There is great emaciation, and I have no doubt the mesenteric glands, in addition to the gut, are affected with cancerous disease. She placed herself under my care, when I was enabled to relieve suffering and prolong her life, with comfort, for a time.

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CANCER IN THE CAVITY OF THE ABDOMEN.

Cancer, no doubt, frequently occurs in the cavity of the abdomen, and in many cases is not suspected or discovered, until after death. I have no doubt that many of the unknown causes of death that we daily hear of, would, on post-mortem examination, be found to be owing to cancerous disease of some of the abdominal viscera, especially of the glands of the omentum. All physiologists admit that the liver is a common seat of this disease. My experience is that cancer of the liver is a frequent sequence to disease in other organs, as the breast, stomach, &c., but seldom occurring in this important organ primarily or alone.

The following case is a very remarkable one. Three distinct cancerous tumours existed in the cavity of the abdomen for more than three years, yet suffering was greatly mitigated by the remedies I employed :—

REAR-ADMIRAL ——.

(*Malignant Tumours in the Cavity of the Abdomen.*)

I saw this gentleman on the 1st March, 1861. He had been suffering for about a year from tumour in the abdomen, accompanied with great pain, frequent sickness, and great emaciation. On examination, I found three distinct cancerous tumours, the largest of which was attached to the lower lobe of the liver. In such a case, there could be no hope of cure, yet the means employed were wonderfully blessed; the poor gentleman's sufferings were assuaged; he lived in comparative comfort for nearly two years, when he quietly fell asleep.

CANCER OF THE STOMACH.

There are few practitioners who have not met with this fearful form of disease. Mental anxiety,

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or disquietude, are frequently exciting causes, for after a season of great excitement or of commercial distress it is often met with. This, I believe, is the only part of the human frame in which mental anxiety will induce cancerous disease. All pathologists, I believe, admit this to be a fact. It is more frequently met with in man than in woman. It may, and generally does, exist in an incipient state for some months before it is suspected. In the majority of cases the disease does not attack the whole stomach, but generally the end through which the food passes into the bowels, known as the pyloric orifice.* The patient's attention is arrested by the fact that his digestion is impaired. He cannot take food (though frequently very hungry) without its lying like a weight on his stomach, or he may suffer from acidity after meals. This goes on for a time, his medical adviser recommending carbonate of soda, or a bitter tonic, or more exercise. None of these do any good; he soon finds that his food is not digested, but, although he eats plentifully, yet it passes from him

* Disease attacking this part of the stomach hastens death, through emaciation. The name pyloric is derived from the Greek word *pylorus*, signifying a door-keeper; for at this end of the stomach there is a valve through which all food must pass after undergoing digestion, being turned or churned around the stomach until this is accomplished. The wonderful wisdom of God is here manifested, for this valve in its healthy state is imbued with such a sensitiveness, that it will not allow the food to pass into the bowels until digested thoroughly in the gastric juice, by the action of the stomach. In disease, this sensitiveness is destroyed; the food passes partially digested, and the absorbents obtain but little nourishment from it, and death through emaciation is hastened.

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only partially digested, and he becomes weaker from day to day. Soon pain occurs after eating, and continues for an hour or two; as the disease advances, this period of suffering is prolonged, until it becomes almost constant. In some cases (but not in all) the craving for food is increased—indeed, the poor fellow feels as if he were starving, yet dreads to eat, on account of the suffering sure to follow. Emaciation rapidly increases, vomiting occurs, pain more intense, delirium may happen, and death follows.

MR. N——.

(*Cancer of the Stomach.*)

This gentleman came up to town, from Birmingham, and called on me on the 23rd August, 1860. About four months previous had felt much pain in his left side. His surgeon gave him large quantities of medicine, which aggravated his suffering. A plaster was applied over the stomach, which was kept on three to four weeks; on its removal a hard lump was felt at the pyloric orifice of the stomach; suffered intensely after eating; dreaded taking food. The case was hopeless, yet, through God's blessing, I was enabled to relieve all suffering, and prolong the poor gentleman's life for many months.

CANCER OF THE THIGH, LEG, AND FOOT.

Cancer in these parts assumes the same form, and runs the same course, as in the shoulder, arm, and hand. I will, therefore, merely transcribe a case or two, illustrating the disease as it appears.

MRS. ——.

(*Cancer of the Thigh and Groin.*)

I was requested to see this lady on the 16th October, 1860. She was then suffering from colloid cancer of the left groin and thigh. In the autumn of 1853, she perceived a tumour on the left

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thigh, which was pronounced to be cancerous. It was then removed by exsection with the knife, but immediately reappeared. During the last six years, she has submitted to "*fifteen operations by the knife.*" It was only about six weeks previous to my visit that she felt a pain in the groin, and on examination found that there was a small kernel or tumour there. Since then it has rapidly increased. Ulceration took place only about a week ago. On examination, I found the whole of the groin and upper portion of the thigh involved in colloid cancer.* I put her under palliative treatment, and I am glad to state that the means were blessed, in affording relief from suffering, and in prolonging life.

As a rule I refrain from introducing letters, relating to surgical cases, in a medical book, but, as the following letters relate the histories of two cases more clearly than they could otherwise be written, I insert them :—

December 30th, 1862.

Dear Sir,—I am happy to inform you that your treatment in my case was perfectly successful. When I first perceived the lump on my knee, it was about the size of a bean. It grew nearly as large as a hen's egg. It began to be very painful, attended with sharp shooting pain, and my leg became quite numbed. I lost no time in getting advice, and they told me the tumour was a malignant one. Hearing of your treatment without operation, I consulted you, and commenced treatment about the 1st March, 1859, and in six weeks returned home quite cured, and have never felt anything of it since, and my general health is greatly improved.

I remain, Sir, yours very truly,

H. S.

This lady continues well to this date, 24th December, 1868.

* I have never met with colloid or gelatinous cancer in the primary stage of disease; in every case it was the sequel of operation, and operation by the knife alone. In reappearance of the disease, after the use of caustics, I have never met with it assuming the colloid form.

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(*Cancer of Heel—relieved.*)

January 28th, 1861.

My dear Sir,—The anxiety of Mrs. M—— on behalf of poor Eliza Kail, in the almshouse, that no effort should be left untried, induced her to seek your aid, whose successful treatment of cancer was well known here. When furnishing the particulars you required relative to the case, I told you, if you could give her any relief, you might well be proud of the skill with which God has endowed you. For thirty-five years she had suffered very much pain from the cancer (an epithelial one in the heel). In November, 1857, and again in November, 1858, she underwent operations for it at St. Bartholomew's Hospital. And when she was compelled to go there again, in the early part of last year, she was sent away as utterly and hopelessly incurable. So bad a case did they consider it, that they would not enter on the treatment of it at all, or make a single effort to relieve her.

Then it was that Mrs. M—— brought her under your notice. The remedies you sent immediately caused a great improvement, and gave almost entire freedom from pain. She was able to go out a great deal during the summer, and seemed to take quite a new lease of life. She finds great benefit from the lotion you directed, and is better than she was a year ago, though the winter is again trying her much. Under God, you have been the means of considerably alleviating her sufferings. I cannot look for a cure at her advanced age (78 years), the disease also being of long standing. Still I am sure you are doing her good.

I should like to publish the case, that other aged sufferers from the same cause may know where to find similar relief.

With best thanks for your generous conduct towards her,

I remain, dear Sir,

Very faithfully yours,

G. H. B.,

To Dr. Pattison. *Curate of Wimborne St. Giles', Dorset.*

Tumours occur frequently in the bony structures as well as in other tissues, for all bones are subject to increased growth when inflamed. All growths in bones assume the form of regular tumours, and were

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divided, by Sir Astley Cooper, into periosteal and medullary. The first, generally non-malignant, appear on the surface of the bone; the latter, malignant, in the medullary tissue in its centre: this form is now known as superficial or peripheral exostosis; of this I will speak more fully, when non-malignant tumours come under our consideration. The medullary form is truly malignant, being, in fact, fungoides of the bone. By some it is called *osteo-cephaloma*—probably the best name for it, as it describes its true character, and by which I will call it in future. Fortunately, osteo-cephaloma is comparatively rare: it arises from fungoid matter being generated in the spongy portion of the bone—in its centre. It increases with great rapidity, absorbing the adjacent bony structure, until only a thin shell is left; then, with increased rapidity of growth, it breaks through the thin bony shell, invades the superficial tissue, and appears as true fungoides, exuding an acrid, watery serous fluid, mixed with flocculent pus. This form of a terrible disease is generally found in the bones of the face—nasal bones, antrum, and jaw-bones—and in the extremities of the long bones, more especially those of the lower extremity, and particularly in the thigh-bone. It is accompanied with very severe darting lancinating pains, more acute and more frequent than is commonly met with in the usual forms of cancerous disease. To the touch it imparts a sense of fluctuation; as if in parts it contained fluid; in others a hard, bony feel. If it appear in the lower extremities, lameness is its first symptom. The parts swell more rapidly than in other diseases of the bone. The skin for some time

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retains its usual appearance, excepting that the veins are enlarged and tortuous. On examination, the surface of the tumour seems to be hard, with a number of soft spots in its surface of greater or lesser extent; soon ulceration takes place, from which the patient speedily sinks, and dies. This form of cancerous disease is most frequently found in the young. There is some difficulty in diagnosing osteo-cephaloma from other bony growths of an innocent character, especially that form of non-malignant growth known as *Spina-ventosa*. The malignant type increases with great rapidity, and is, as before stated, usually met with in early life. Pain is a pretty certain guide; for in spina-ventosa, it is widely different from the sharp lancinating pains of malignant growths. In spina-ventosa the tumour feels more uniformly hard; in osteo-cephaloma, parts are firm, whilst others, again, are elastic and fluctuating.

The only tumour resembling this malignant one is the cartilaginous or *enchondromatons* tumour. Although both may form with equal rapidity, still the character of the pain is widely different; the fibrous tumour feels harder and firmer over its entire surface, and the adjoining glands are seldom affected; whereas in osteo-cephaloma, especially when the disease has advanced some little way, these glands are invariably involved. It must be borne in mind, that from the structure of the spongy texture of bone, when malignant disease occurs, it is not local, but that the whole of the bone is diseased. This must be remembered, when the treatment proposed is considered. And

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what is the treatment recommended? Only one: by excision by the knife.

If it be admitted (as it is by our leading surgeons) that the whole, not a part, of an osteo-cephalomatous bone is diseased, how little hope is there held out by the knife! If the femur (thigh-bone) be the one diseased, exsection of a part would be useless, amputation at the hip-joint being the only hope left. How faint that hope is, may be calculated when it is borne in mind, that, when this operation is necessary—an operation for cutting off one-fifth of the body,—it in but few cases is brought to a successful issue. If, then, so dangerous when necessary for a simple accident, how hopeless must it be when performed for a malignant disease.

As yet we know of no cure for osteo-cephaloma, or fungoids of a bone. I have met with a number of cases, during the last sixteen years, and, in some, who were content to follow out my instructions, I have been the means of prolonging life, and in assuaging pain and suffering for a time. My treatment has been to support the system, regulate the different organs, and to apply soothing applications to the swellings, keeping the parts rigorously clean, by the use of various medicated lotions, of which Phytolacca decandra and Euphorbia corollata are among the best. Osteo-cephaloma, or osteo-cancer, or medullary exostosis—for all are the same disease—being the most frequent form of the malignant type, as it appears in bone, I will, after the recital of a few cases coming under my notice, proceed to consider those tumours of a semi-malignant growth.

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MR. ——, aged 27 years.

(*Case of Osteo-Cephaloma—relieved.*)

This gentleman came from Ireland to consult me on the 4th May, 1857. About six months before, he had been thrown from his horse, injuring the right leg. Soon after, a painful tumour arose, immediately below the great trochanter. Poultices were applied, and then it was lanced; the tumour rapidly increasing, he consulted two of the leading Dublin surgeons, who recommended immediate amputation. Having heard of me, he came over to place himself under my care. On examination I found a large osteo-cephalomatous growth, feeling in parts hard, as if it were a shell of bone, in other parts fluctuating and elastic, with numerous openings, exuding thin watery pus; and, on pressure, pieces of white flocculent matter were discharged. The inguinal glands on both sides were enlarged and painful. Hectic had set in, and his sufferings were acute and distressing. I told him, as gently as I could, the nature of his disease, and that all that could be hoped for would be alleviation, to a certain extent, from pain and suffering. He placed himself in my hands; I applied soothing lotions of the Veratrum viride over the diseased parts and the painful inguinal glands. These were changed soon, to those of Euphorbia corollata, scutellarine, phytolacca, hydrastis, and others. Hydrastis and phytolacca were given internally, varied with rhus tox., carb. am., arsenicum, and other preparations. Nutritious nourishment was prescribed. He regained sufficient strength, with freedom from suffering, to be able to return home in the following July. This gentleman followed my instructions for some time afterwards, but I did not hear from him after the following December. Probably he succumbed to his disease.

MR. ——, aged 31 years.

(*Case of Osteo-cephaloma of the Lower Jaw-bone—relieved.*)

This gentleman consulted me in February, 1865. About five months previous he felt a pain of a sharp darting character immediately below the second molar tooth on the left side. He consulted his dentist, who extracted the tooth. The pain, instead of being alleviated, grew more intense, and the swelling rapidly increased. He then consulted a leading surgeon, who exsected about one-third of the bone. It healed kindly at first, but, before it was quite healed, the disease reappeared. When I saw him,

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there was an osteo-cephalomatous tumour the size of a pigeon's egg, projecting partly from the mouth. The neighbouring glands were all greatly enlarged, especially the parotid, which prevented him from opening his mouth. The terrible lancinating pains were almost constant. Hectic had set in. In such a case but little could be done. I put him under a palliative treatment, which was successful to some extent. His sufferings were relieved, but the tumour increased, and the difficulty of giving nourishment was so great that in two months after I first saw him (April) he died from exhaustion.

I might quote many such cases, but these are surely enough.

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PART II.

SEMI-MALIGNANT TUMOURS.

THE nature of a semi-malignant tumour is best explained by Erichsen ("Science and Art of Surgery," 4th ed., p. 470), as "tumours dependent on the new growth of already existing structures in situations where they are not normally formed; as, for instance, a cartilaginous tumour in the midst of cellular tissue, or a fibrous tumour under a serous membrane. It is in this class that the semi-malignant growths are found."

Semi-malignant, like true malignant, tumours not only frequently recur when removed, but they also attack the adjacent tissues, and contaminate the system, by their tendency to ulcerate, with bleeding, and afterwards reappearing in different parts of the body. Such being the case, surely the mere removal of these growths can be of little avail unless supported by constitutional treatment? This form of disease is frequently found in the skin; for developments of semi-malignant growths in the epidermoid and dermoid tissues are well known. The rarest form of semi-malignant tumour in the outer skin, is known as

ICTHYOSIS CORNEA.

I have only met with one case, and that was many years ago, when abroad. It consists of horny

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growths or tumours projecting from various parts of the body, as from the forehead, nose, elbows, heels, knees, fingers, and toes. This disease was first described by Dr. Williams, who gives two cases, reported in the *Philosophical Transaction*. "In these cases there was a stiffness of the skin, over the whole of the body, so that the limbs could not be flexed, and the patient was unable to move." In such cases no operation of any kind would be of the least service. If I met with such a case now, I would be inclined to give and push ammonia as far as possible. My reason for this is—not many years ago, when in South America, I heard, on good authority, the following remarkable story of two slaves. In many parts of South America leprosy is of common occurrence, generally assuming the dry, scaly form of the disease. These lepers, as in the days of Moses, are excommunicated, and driven to live by themselves, "as lepers." These poor slaves having been driven from their comrades, hid on board a vessel, which had touched at a neighbouring port, on its voyage to the Chinchas Islands, for guano. After being at sea a few days, they came from their hiding-place, to the terror of the crew, for the disease is still considered infectious. They were landed on the Guano Islands, and, to their surprise, the progress of the disease was arrested. Having lived there for nearly three years, they were taken back to their homes quite well. What was the cause of the cure?—living and sleeping among the guano, where there arises a constant evaporation or exhalation of ammonia? There is no doubt that the ammonia, having saturated the system, both

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through the skin and lungs, was the agent which cured them; indeed, so satisfied was I of this, that in another form of semi-malignant disease, keloides, I have used it with marked success.

LEPOIDES.

This is by no means so uncommon a form of disease, as might be imagined from its name. Its name is derived from the Greek word meaning "*bark*," owing to the scaly crust or bark-like roughness of the skin. It is most frequently met with in persons in advanced life. It frequently appears on the temples, or some parts of the face, feeling like a small rough wart. Sometimes it spreads over a considerable extent of surface, but more frequently it is circumscribed. After a time these scaly eruptions drop off, but a new crop immediately reappears. When the scales fall off, a suspicious, but small sore with jagged edges is seen. Sometimes this sore throws out unhealthy pus, which coagulates, forming a nasty-looking scab. This speedily degenerates more and more, until, without pain, it ultimately becomes a cancerous ulceration. I have been the means of curing cases of this disease which have not been allowed to advance too far, by employing phytolacca, both internally and locally. When degenerated into a malignant sore, I have found more benefit derived from the sulphate of zinc than from any other application. Often I have patients suffering from lepoides; most unfortunately, they do not come to me until ulceration has set in. There is nothing that I know of will check this ulceration, excepting the sulphate of zinc, other medicines being administered internally; if allowed to take its course

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unchecked, sooner or later, it degenerates into malignant epithelial cancer, terminating in death. Many writers on malignant growths consider lepoides to be incurable, quoting many cases to prove their assertions. Like many other similar diseases, the difficulty must be grasped in its incipient stage, otherwise the treatment, even if eventually successful, will be long and tedious.

MR. ——, aged 72 years.

(*Case of Ulcerated Lepoides—cured.*)

This gentleman consulted me in June, 1860. About five years ago he felt a roughness on his right temple. At first there was no discolouration of the skin, but soon it became brownish, darker than the rest of the face. It looked like small scales, but at times, being very irritable, he rubbed it, which soon produced a sore. His family surgeon touched it two or three times with nitrate of silver, which relieved the irritation, but it soon became an open sore. His doctor again tried caustics and ointments, but the sore would not heal, so he took him to a provincial surgeon, who cut it out. It remained quite well for about three months, when it again broke out. He was advised to undergo another operation, but would not submit to it. Having heard of me, he came up to London, and placed himself under my care. On examination, I found a true semi-malignant lepoides ulcer, about the size of half-a-crown piece, edges rugged, surface of ulcer unhealthy, exuding thin watery ichorous matter. His general health was very good. I applied anhydrous sulphate of zinc, in the form of an ointment, gave phytolacca 2/x internally, ordered a nutritious diet, with Carlowitz wine, and in seven weeks my patient returned home quite well.

KELOIDES.

This, fortunately, is not so frequently met with as *lepoides*. It seems to be a rising of the true skin, like the cicatrix of a burn. Most frequently it is whiter than the skin; at other times of a dirty brownish colour. It is always increasing, and is

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most difficult to eradicate. It sometimes degenerates into cancerous ulceration. It is often met with in the young (indeed, five out of seven cases I have seen within the last four years were young ladies). The shoulder and back are the most frequent seats of the disease. Sometimes these tumours assume a reddish appearance, accompanied with a burning pain. I have found great benefit, not only from the external, but internal, employment of ammonia in these cases. I have been enabled by this to check this disease for some years, not only without increase of disease, but relief from all pain. Although in every case great relief has been given, I have never been able to effect a radical cure.

Miss ——, aged 18 years.

(*Case of Keloides on both Shoulders—relieved.*)

This young lady consulted me on the 21st March, 1853. About two years before she noticed a small tumour, slightly ulcerated, in her right shoulder (or scapula); it was discoloured, and caused neither pain nor uneasiness. Soon afterwards she felt two similar growths in her left shoulder (or scapula). All these advanced with rapidity, and soon a sensation of painful heat and uneasiness was felt. She consulted a surgeon in Cambridge (where her family were then residing, for the advantage of her brother, who was attending one of the colleges there), who applied caustics. These caused the disease, not only to increase rapidly, but seven other similar growths to appear around the primary ones. She complained of heat and irritation in the parts affected. On examination, I found them to be true keloid growths. Her health was good, and there was nothing abnormal in her appearance. All her family (she had three sisters and two brothers) were healthy. I applied the sesquicarbonate of ammonia, with some success locally, with nourishing diet, and arsenicum, sulphur, and phytolacca internally. The growths were arrested, and she continued some months under my care, relieved from all annoyance, excepting the presence of the tumours.

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WARTS.

These are considered by most surgeons to be simple tumours or excrescences, deserving little notice. My experience is different, for from these little and seemingly insignificant growths have sprung, through malpractice or injudicious meddling, some of the most serious and troublesome forms of semi-malignant ulceration that I have met with. As long as they are left alone, they are, and continue to be, non-malignant growths; but, when irritated by malpractice, as by the application of caustic or ligature, they then frequently assume a malignant type; and, if a wart once ulcerates, it speedily degenerates into semi-malignant rodent ulceration: indeed, as mentioned previously, I have seldom met with a case of scirrhus in which warts were not more or less numerous, on various parts of the body; indeed, I believe a wart is an embryo cancer, in a state of rest, which, if irritated, will speedily degenerate and assume its true malignant type. For instance, it was only last week (October 20th, 1868), that a young lady of great personal attraction consulted me. I first saw her in May, 1868, when attending her sister-in-law for scirrhus. She then called my attention to a small white wart situated on the edge of the upper lid of the left eye. Knowing the danger of interference, *unless it could be thoroughly removed*, I cautioned her against allowing any one to touch it. Early in October her family surgeon happening to call to see her father, persuaded her to allow him to tie it with a piece of silk, which was done. Inflammation set in, and, instead of destroying this seemingly-insignifi-

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cant wart, it has grown with great rapidity, and a portion of the eyelid is now involved in its growth. In such a very serious case, where a certain amount of disfigurement must take place, however successful the treatment may be, I gave a very grave and cautious opinion,—no doubt to the lady's surprise, for after leaving my consulting rooms, she drove to Mr. P——'s, who gravely informed her that her surgeon had done quite right, but now to leave it alone. The future results will prove whether Mr. P.—— or I are correct. I am most afraid she will adopt means for its removal (most probably empirical; for no surgeon knowing his profession would attempt its removal either by the knife or caustics), and, if not thoroughly removed in the first instance, destruction of the eyelid, and eyeball (and, of course, the sight of the eye) must occur; and, if so, a lingering death.

LUPUS.

Lupus is a semi-malignant growth, in the first instance rapidly degenerating into semi-malignant ulceration. This disease is very similar to lepoides, excepting that it does not arise from a mere roughness of the skin, but from a small wart-like growth or pimple.

Lupus is usually divided by surgeons into two classes—*Lupus exedens* and *Lupus non exedens*. The first, lupus exedens, is a disease that destroys the adjacent tissues, not only by superficial ulceration, but by burrowing deeply into the soft tissues, until the bones are exposed. In the other form, lupus non exedens, the ulceration is superficial, but always spreading; always increasing in extent. *Noli-me-*

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tangere has been aptly applied to this form of disease, for it is a golden rule that ought never to be forgotten by the surgeon, "*Never to touch a lupoid growth, unless it can, by the first operation, be thoroughly destroyed.*"

The usual local treatment employed by our surgeons in lupus exedens is the application of leeches, soothing lotions, and poultices, to subdue the inflammatory action. My treatment has been, if the disease is so situated as to offer a fair probability of removing all thoroughly by one operation, to enucleate it; but, instead of using the paste of chloride of zinc and hydrastis, I employ one composed of anhydrous sulphate of zinc and mucilage of gum arabic. If the situation of the disease be such that all cannot be removed, then I never attempt to remove any, but treat the disease, in a great measure, constitutionally, by means of the administration of the Hydrocotylin asiatica in the decimal dilutions, and a lotion prepared from the same applied to the lupoid ulcer. In many cases the hydrocotylin acts like a charm, in others it is wholly inert. I also give phytolacca, hydrastis, ammon., arsenicum, carbo-veg., and carbo-an., in dilutions or triturations.

Again, in lupus non exedens, I never attempt to destroy the semi-malignant ulcer, unless it is so situated that the whole sore can be attacked at the same time. In these cases I repeatedly apply the sulphate of zinc, not as an enucleating paste, but simply as a dressing, mixed either with the unguentum calendula or some other mild non-irritant ointment.

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MR. ——, aged 18 years.

(*Case of Lupus Exedens—cured.*)

This young gentleman consulted me on the 18th April, 1853: he had then been suffering from lupus exedens for five years. It first appeared as a small pimple or wart, immediately on the edge of the right lobe of the nostril, the greater portion of which was destroyed. He suffered from hot, burning, lancinating pains, and there was also a constant acrid discharge. I enucleated the diseased portion, and, although a considerable extent of structure was destroyed, which could never be replaced, yet the disease was, as it were, stamped out, and he returned on the 8th July following free from all disease. I heard from him several years afterwards, and there had been no recurrence.

MRS. ——, aged 54 years.

(*Case of Lupus Exedens—cured.*)

This lady, a resident of Preston Kirk, came up to London to consult me on the 11th July, 1853. She was then suffering from ulcerated lupus exedens of the left nostril. The disease appeared some two years before she came up to London. Caustics had been frequently applied, and, of course, there was a considerable destruction of substance. I immediately enucleated with the sulphate, and on the 3rd September, 1853, she returned home quite well. For several years after this I frequently heard from this lady, and she remained well, with no signs of any recurrence of disease.

MISS ——, aged 18 years.

(*Case of Lupus non Exedens—cured.*)

This young lady consulted me on the 14th June, 1854. She was then suffering from a large lupoid ulcer, of three years' standing, on the left cheek. Caustics had been first applied, but with no effect; it was then cut out, but the disease soon reappeared, when caustics were again applied. I put her under treatment by giving her tonics, and then applying an ointment composed of anhydrous sulphate of zinc, mixed with lard. She was quite well in two months, and had no recurrence of disease afterwards.

RODENT ULCERATION.

There is a semi-malignant ulcer closely allied to lupoid ulceration, sometimes termed "rodent

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ulcer," but not often mentioned in books. It assumes more of the indolent than the malignant type, but, if irritated, without its total destruction, it speedily degénerates into epithelial or cancerous ulceration. This form of ulcer frequently is of great extent, the edges are jagged and everted, and it is constantly discharging a thin watery ichorous matter. I have met with several very serious cases of this disease.

MRS. ——, aged 32 years.

(*Case of Rodent Ulceration of the Right Thigh—cured.*)

This lady consulted me on the 5th January, 1854. She had been suffering from rodent ulceration of the leg for five years. Caustics and poultices were first applied, but they caused the sore to increase. At times suffers much pain, of a hot, burning character; cannot walk without much pain at the time, and great increased pain for a long time afterwards. Placed her under treatment by applying an ointment of sulphate of zinc, and, in the course of little more than two months, she returned home quite well.

MR. ——, aged 55 years.

(*Case of Rodent Ulceration—cured.*)

I first saw this gentleman in Scotland, in June, 1853. At that time he was suffering from rodent ulceration of right thigh and leg. It was of great extent. He was then unable to walk, but was carried about. Seven years before seeing me, he had injured his leg, abrading the skin. It would not heal, although poultices, leeches, and caustics were freely applied. Before seeing me, hectic had set in, and amputation had been proposed as a *dernier ressort*. Being a keen sportsman, he felt this trial acutely, and had sold off his dogs, &c., and had rented his country seat. I told him, I hoped, through God's blessing, he might yet get well; but it was absolutely necessary that he should go up to London, and place himself under my care. He came up on the 14th of August following (1853), when I commenced treatment, and he returned home quite well, on the 20th January, 1854. I have seen this gentleman often since, and there has been no return of the disease, and he is able to shoot, and enjoy himself as thoroughly as he did before his accident.

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I will only quote one more case.

MRS. ——, aged 48 years.

(*Case of Rodent Ulceration of eleven years' standing—cured.*)

This was a very remarkable case. This lady was brought from Scotland to consult me, lying on a litter, as she could neither sit nor stand. I first saw her on the 6th of May, 1853. Eleven years before (1842), her dress had irritated a portion of the abdomen near the navel, causing a sore, which never healed. It spread with great rapidity, notwithstanding all efforts to arrest its progress. On examination, I found a large ulcerated surface covering nearly the whole of the abdomen; and the constant discharge and suffering had induced hectic. Such a case I undertook with great reluctance, but, as she said she would certainly die soon if nothing were done, I acceded to her and her husband's wish. In such a case I had but little hope of doing good, but, to my surprise and delight, the ulcer soon assumed a healthy appearance, and by the 1st of November, 1853, she returned home quite well, and has had no recurrence of the disease.

SEMI-MALIGNANT FIBROUS TUMOURS.

There are several forms of fibrous tumours that are semi-malignant. There are *the fibro-plastic tumour*, one form of the cartilaginous tumour known as *enchondromata*, and all those forms of fibrous tumours that recur after removal.

THE FIBRO-PLASTIC, OR MYELOID TUMOUR.

This form of morbid growth was first described by Lebert. It is comparatively of rare occurrence. It is most commonly met with in the bones of the hand, feet, and sometimes in the breast: it has been discovered in the rectum. In my private practice I have rarely met with it—only seven times during the last sixteen years. Mr. Erichsen, in his work, describes it as, "the *albuminous sarcoma*

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of Abernethy, and it presents marked characters. On making a section, it cuts in a uniform smooth and somewhat elastic manner; it is semi-transparent, shining, and juicy-looking, of a greenish-grey, bluish, or pinkish colour, like the albumen of some birds' eggs, often spotted or stained with discoloured marks, varying in tint, from a blood to a pinkish, brownish, or livid red hue, which, if extensive, gives a fleshy look; its structure is usually brittle. After a time, it breaks down in the interior, into a dark brown grumous, glary fluid, contained in cysts, formed by the parenchyma of the growth. This tumour will grow to a very large size, sometimes slowly and gradually, at other times with very great rapidity. I have [Mr. Erichsen] removed it from the parotid region, when as large as the fist, and from the breast, weighing as much as six pounds. It most commonly occurs in young people, without pain and without any known cause. In the majority of cases, it may be safely removed, without the prospect of recurrence, but occasionally, and without any apparent reason, it returns after removal." Such is Mr. Erichsen's description so far, but he immediately goes on to state—"Most generally it is distinctly encapsuled, when occurring in the neck and breast, and then may be extirpated with ease and safety; but, if its degeneration have gone on to infiltration into the neighbouring structures, its recurrence will speedily take place. Lebert relates six cases of this disease in which recurrence took place after operation, with secondary deposits in internal organs" (Erichsen's "Science and Art of Surgery," 4th ed.,

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p. 479). Some years ago, Dr. Hastings, then of Cheltenham, sent me a case of ulcerated fibroplastic tumour, situated on the back of the hand. He called it cancer, but, as the adjacent tissues were infiltrated with the disease, I declined undertaking its removal. In these cases exsection is usually recommended by the surgeon. In this disease my practice is, to enucleate, and then to treat it constitutionally and locally, the same as if it were cancerous disease.

THE CARTILAGINOUS OR ENCHONDROMATOUS TUMOUR.

The cartilaginous tumour is found under phases either *semi-malignant* or *malignant*. In the former its growth is but slow and painless; in the latter it increases with great rapidity, generally depositing secondary growth in the internal organs. It is met with in the bones of the fingers and foot, in the bones of the leg, and is frequently found in the testes. It is supposed to arise from an overgrowth or over-production of cartilage in the system in early life. Mr. Erichsen states—"When these growths attain a tolerably large size (though occasionally), while they are still of moderate dimensions, ossification may occur in some parts, whilst a process of disintegration may take place in others which soften, break down, and liquify in their interior, causing the skin covering them to be duskily inflamed, eventually to slough, and to form fistulous openings, through which a jelly-like matter is discharged. In some cases it would appear that large tumours of this description, softening in the centre, and becoming elastic and semi-

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fluctuating, have been mistaken for cysts, and have been tapped on this supposition. In small enchondromata the opposite condition more frequently occurs, the tumour becoming indurated, and undergoing ossification" (*Idem*, p. 480).

Surgeons in this disease have recourse to the knife.

Miss J——, aged 18 years.

(*Case of Cartilaginous Tumour or Enchondromata of the Index Finger—cured.*)

This young lady came up to consult me, from Scotland, in April, 1853. She had a painful tumour on the phalangeel bone of the index finger of her right hand. It had grown rapidly during the previous few months. A distinguished surgeon in Glasgow (now dead) urged amputation; but, knowing my family there, and having heard through them of me, she came up, and placed herself under my care. On examination I discovered a cartilaginous tumour, or growth, attached to the phalangeel bone. I attempted to save the finger by enucleating the tumour, using sulphate of zinc for this purpose, in a saturated solution. The disease was entirely removed, and the finger saved. The ulcer at first did not look healthy, and I was obliged to use the sulphate of zinc three several times before healthy granulations were set up, when the sore healed rapidly and thoroughly, and in the course of a few months the young lady was quite well. I have heard from her a few weeks ago (November, 1868), and she still continues well.

The recurrent fibrous tumour is merely a secondary form of fibrous tumour, recurring after its removal. Before removal, fibrous tumours are considered to be innocent or simple; but, if they recur, then they are believed to be semi-malignant. As I shall enter fully into the description of fibrous tumours when discussing those of a non-malignant character, I will defer my remarks on these recurrent tumours until then.

Some may think that I should now discuss fatty,

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irritable, scrofulous, and other tumours, which occur not only in the breast, but in other parts of the body; but, as these growths are generally primary and non-malignant—although, through lapse of time, or irritation, or reduction of physical strength, they may, and very frequently do, degenerate into the malignant or semi-malignant type,—I think it best to treat on them when I consider non-malignant or simple tumours.

There are some forms of bloody tumour, or tumours arising from disease of the arteries or veins, which are usually considered to be non-malignant. As they not only endanger life, but absorb or destroy the adjacent tissues, I prefer placing them under this group. I will not discuss the aneurismal tumours here, further than by stating that many cases may be radically cured, not only by ligature, but by injecting the aneurismal sac with a solution of the perchloride of iron. In another work I propose to enlarge more fully on this important branch of surgery. I shall now only consider two forms of bloody tumours—viz., aneurism by anastomosis, or nævi materni, and another form of bloody tumour, which, I believe, is seldom met with.

ANEURISM BY ANASTOMOSIS, OR NÆVI MATERNI.

This is a frequent form of disease, generally met with in the infant. In some families it is very frequent; in others it is never met with. To-day (31st October, 1868) I saw a lady, whose infant, aged nine months, I am treating for a nævus on its forehead, and she told me that her sister's children had similar growths. This kind of tumour is

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formed by a congeries of small arterial vessels giving rise to a raised growth, varying in size from a pin's-head to that of an orange. Sooner or later they ulcerate, and if so, or if accidentally scratched, they bleed most frequently to an alarming extent, especially dangerous in the very young, who are easily reduced to a state of collapse by a comparatively small loss of blood. The usual operation recommended for its removal is tying its base with a ligature. Some recommend exsection, a dangerous operation, even when carefully performed; for the arteries are so enlarged, and the structure so spongy, that dangerous hemorrhages, and even death, has resulted from this mode of treatment. When of large size, and when situated in an extremity or on the head, the large arteries have been tied, such as the femoral, brachial, or carotid arteries. When of smaller size, tincture of iodine has been applied over the tumour. In some, inoculation has been practised. In other cases suture-needles are recommended to be passed through the tumour, after having been heated by the spirit-lamp. Mr. Erichsen recommends injecting them with the perchloride of iron. Again, when small, the application of nitric acid is sometimes used, but not always successfully. My treatment, I believe, is safer, and more certain in its results; for children are frequently brought to me, who have been operated upon by some of these agents, and in whom the operation has utterly failed. In treating nævus or aneurism by anastomosis, it must be borne in mind that to effect a cure it is necessary that the whole of the organization or disease be com-

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pletely destroyed; if not—if the smallest particle be left—the disease is certain to reappear. When I was a student of the celebrated Dr. Mott, twenty-eight years ago, he then introduced the actual cautery as the best means of destroying these growths. Following the teachings of my great preceptor, in 1847, there was brought to me a child of eighteen months of age with a large nævus on the neck, immediately over the external carotid. After explaining to the parents the risk of the operation, I operated by introducing into the base, and through the tumour, awls heated to white heat. The intensity of the heat caused but little pain, for the parts the awls came in contact with were instantly destroyed (whereas at a red heat the suffering would have been intense). I pierced the tumour through its base with these heated awls some eight or ten times. A poultice was applied, and, in the course of a short time, the morbid growth sloughed away, and the sore healed rapidly and thoroughly. No doubt in some cases this mode of treatment is successful, but, from its nature, and the preparations necessary to heat the awls, I would now avoid this operation for the future, more especially as the one I now adopt is more certain, less painful, and perfectly free from all danger—a most essential point in the young, more especially in the infant. When a case of nævus is brought to me for treatment, my first step is to destroy the vascularity of the part. This I do by throwing a solution of the persulphate of iron, by means of a hypodermic syringe, through the whole structure of the tumour. Its

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nature is at once destroyed, which I then remove by enucleation. Enucleation to a destroyed part is painless, but necessary; for it attacks and destroys some particles of disease not touched by the persulphate. Since I have adopted this mode of treatment, I have not failed in a single case; and never has any constitutional excitement been set up in my patients.

MRS. ——, aged 46 years.

(*Case of Aneurism by Anastomosis, or Nævus, in a Lady—cured.*)

This lady was brought to me by my friend Dr. ——, on the 1st of March, 1859. At that time she had a large nævus anterior to the right ear. It had increased latterly, causing some little pain and uneasiness: it felt spongy, and was of a bluish purple colour. I commenced treatment by injecting the tumour with the persulphate of iron, and I afterwards enucleated it. In the course of a very short time she returned home quite well.

MASTER ——, aged 22 months.

(*Case of Aneurism by Anastomosis, or Nævus, in a Child—cured.*)

This child was born with a small nævus, situated below the angle of the right jaw. It had been accidentally scratched by pins in the nurse's dress, two or three times, when it bled, each time profusely. This alarmed the mother, who brought her child to me on the 9th July, 1856. I found, on examination, a nævus, as large as a walnut, behind the angle of the left jaw. I urged the necessity of removing it, to which the parents of the child consented. I injected the tumour, in the first instance, with the persulphate of iron, and afterwards enucleated the diseased mass. The child was taken home quite well in a few weeks after coming under my care.

I might quote many similar cases, but as the treatment has been the same, it is useless my doing so—two cases are sufficient.

SEMI-MALIGNANT BLOODY TUMOURS.

Within the last five years I have met with a form of semi-malignant tumours, of a highly vas-

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cular character. They are composed of a thick cyst, formed by the adjacent skin, being filled with blood, pulsating, and elastic to the touch. The surface is corrugated, and the cuticle thickened and abnormal; tortuous veins are ramified over the surface, whilst the base is contracted, through which large pulsating arteries, with engorged veins, are distinctly felt and seen. I met with a distinct form of this disease in the month of July, 1867, when Mr. ——, aged sixty-six years, consulted me. He said that about three years before, he felt a small tumour, like a wen, on the back of his head, and which grew with great rapidity. Several surgeons had seen it; some advised him to let it alone, whilst two proposed to cut it out. Dreading an operation, he did nothing for six months, when it became more painful and heavy, which caused alarm. Having heard of me, he placed himself in my hands. On examination, I found a large morbid growth, proceeding from the scalp over the occipital bone. It was about four inches in length; its greatest diameter was about three inches, whilst at the base it was not more than an inch and a half. To attempt exsection, or to use caustics in such a case, where the loss of blood to a weak old man would probably have proved fatal, would have been unjustifiable. I therefore injected the tumour, the first day, commencing at the apex, with a solution of the persulphate of iron. On visiting him next forenoon, I found that the body of the tumour was now hard and firm, having lost its elasticity; I then injected the base four times in succession, throwing in about half an ounce of the solution, after which I enucleated it with the chloride

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of zinc paste. No blood was lost, except a few drops which escaped from the punctures made by the needle. In enucleating, I carried the destructive process so as to embrace a considerable extent of the scalp, beyond the base. Within three weeks from the time the operation was commenced, the morbid growth dropped off, and in two weeks more it had cicatrised. The old gentleman has remained free from all symptoms of recurrence to the present time (November, 1868). His general health, being freed from all local irritation, rapidly improved. No doubt the advocates of exsection will say, this could have been done in a week by the knife. Perhaps so: but more probably the old man would have sunk from the loss of blood, which must have been great: reaction at his time of life, being in enfeebled health, might never have taken place, and death must have been the consequence. I have had, since then, two similar cases of this form of disease, which were treated in the same manner, and with the same success.

POLYPUS.

This form of disease is most frequently met with in a *non-malignant* form, but I have included it among the semi-malignant growths, not only because it is liable to recur after operation, but because it is extremely apt, sooner or later, to degenerate into the malignant form. It is generally found in mucous surfaces, and by some surgeons is considered a mere hypertrophy of the membrane. The simple or mucous polypus feels soft and doughy, and has little sensibility. It is often met with in the nostril, but seldom appears singly,

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generally being accompanied by two or three smaller ones. In shape polypus is pyriform, being an elongated tumour with a long narrow neck. Polypi, of a considerable size, are frequently met with in the cavity of the uterus, but these are more fully treated in my work, on "Diseases peculiar to Women" (10th ed.).

The *simple mucous polypus* is apt to degenerate not only into the semi-malignant, but to assume the malignant type. In these, the formation of the tumour is not merely the elongation of the mucous membrane, but its substance is filled with cysts, containing a clear, glary fluid. There is, however, another form of polypus different from the above, being attached by a broad base: this is the fibrous polypus. It is not unfrequently found in the womb, seldom in the nostril. Whenever met with, its attachments will be found deeper seated than those of the single mucous polypus.

This fibrous form of disease, not unfrequently degenerates into true encephaloid or medullary disease. This phase of tumour is that formed within the antrum Highmorianum, or other cavities lined with mucous membranes, always terminating in death. The treatment adopted in the simpler form is that known as *evulsion*—viz., the polypus is grasped as near its attachment to the surface as possible, with a strong pair of forceps, and twisted, with gentle traction, until it comes away. This operation, from the low vitality, and therefore insensibility, of the tumour, causes but little pain. Unfortunately, as before stated, the simple mucous polypus seldom occurs singly, but is almost invariably accompanied

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by smaller ones. The result is obvious; the larger one being destroyed, the smaller ones will increase rapidly. The danger in this operation arises from a portion of the adjacent bone being torn and lacerated, when tearing out the malignant growth. These tumours being of a very low vitality (*i.e.*, but scantily supplied with blood-vessels), I have generally been enabled to destroy them by smearing them with the powdered root of the Sanguinaria canadensis, which has a powerful effect, either causing them to shrivel, or to disintegrate their structure, so that it comes away in shreds and pieces. Again, in cases of fibrous and medullary polypi, the modern surgeon, generally, if possible, has resort to the knife. My practice again differs. If fibrous, and it be in a fit situation, I enucleate it. If situated in the womb, or any cavity that renders it impossible to get at the whole surface, then, if the neck be small and elongated, I use the ligature, or, better still, the *écraseur*. If the base be broad, so that no ligature, even if applied by the *écraseur*, can grasp its base, then, depending on its low vascularity, I incise it freely. The bleeding is trifling, and, its growth being arrested, in the majority of cases, it breaks up spontaneously, and comes away piecemeal. In the medullary, or more malignant form, if possible, I enucleate; if not, I avoid all causes of irritation, and, by soothing applications and constitutional treatment, try to preserve my patient's life as long as possible.

Space forbids my quoting more than one case of each form of polypus, in illustration of my treatment.

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THE REV. MR. ——, aged 57 years.

(*Case of Simple Mucous Polypus of the Nostril—cured.*)

This gentleman visited me in June, 1864. For some years he had felt a difficulty in breathing through his nostrils. At times, especially during the night, he was oppressed by a feeling of suffocation. Various remedies had been recommended, but with little effect. On examination, I saw a large polypus in the left nostril, filling it completely, when blown down. On looking into the pharynx, it was not seen. I advised him to keep up his strength by means of generous and nutritious diet; to snuff up his nostril, every hour or two, a small quantity of the first decimal trituration of the radix sanguinaria canadensis, this trituration being prepared with amylum, not with sacch. lactis. In about six months afterwards, he came to see me again, stating that he felt the nostril to be clear, and for some time he had felt no inconvenience. On examination, through a speculum, I was unable to discover any trace of disease.

(*Case of Fibrous Polypus of the Rectum—cured.*)

During the autumn of 1866, my friend, Dr. ——, asked me to see Signor B——, one of his patients, who was suffering from tumour in the rectum. On examination I observed a fibrous polypus the size of a walnut on the posterior portion of the rectum, just within the sphincter ani muscle, causing great irritation to the sphincter and bowels. An early day was appointed for the operation. The patient was chloroformed by my friend, and the first step in the operation I took was to paralyze the sphincter ani muscle, in the manner described in my work on fistula. Then, pulling down the gut, I had the polypus brought fairly into view, and within reach. I seized it, and crushed its base with a peculiar form of crushing forceps I had made, especially designed for these operations. To prevent any secondary hemorrhage that might have arisen, I passed a double ligature very deeply through the base, which I tied tightly. The gut was then replaced, and the patient put to bed. In a week, not only had the polypus sloughed off, but the patient felt better than he had done for years; and up to the present time, no recurrence of disease has taken place.

For the third or malignant form of polypus, viz., the encephaloid or medullary, I refer my readers to the first part of this book.

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ANTHRAX, OR CARBUNCLE.

By many no doubt carbuncle would not be classed among tumours; but, as it assumes a hard, flattened swelling, endangering life and contaminating the adjacent tissue, besides being of very frequent occurrence, I, without hesitation, place it among semi-malignant growths. It is the result of asthenic inflammation. Mr. Erichsen's description of anthrax is probably the best. He states: "A carbuncle begins as a flat, painful, hard, but somewhat doughy, circumscribed swelling of the integuments, and subadjacent cellular tissue. It is of a dusky red hue, slightly elevated, but never losing its flattened circular shape. As it increases in size, the skin covering it assumes a purple or brownish red tint, becomes undermined and gives way at several points, forming openings through which, ash-grey or straw-coloured sloughs appear, and from which an unhealthy purulent discharge scantily issues" (Erichsen's "Science and Art of Surgery." 4th ed., p. 442). Anthrax speedily develops constitutional disturbance; the expression is anxious, tongue furred, and a typhoid state speedily supervenes, followed by a fatal termination.

The profession at large generally wisely adopt means to keep up the strength—bark or quinine, iron, porter, port wine, and other nutritious elements of diet. The surgical treatment recommended is, incision of the diseased mass, and then dressing with stimulating poultices or dressings. My usual treatment, when a carbuncle is seen in its earlier stages, is to attempt to arrest its progress by touch-

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ing the head of the small primary blister, with a drop of nitrate of mercury. This powerful caustic generally at once destroys all the parts primarily involved: in addition I give nutritious diet, with a liberal allowance of malt liquor, or, what is far preferable, the Hungarian wines. Internally, I administer calcarea carb., or silicea, in high dilutions. In the majority of cases, however, the surgeon is not called in until too late for this palliative mode of treatment. When I see a case of anthrax in its second stage, I think there should not be a moment's hesitation as to the proper course to be pursued. The acrid, gangrenous matter affecting the adjacent parts is confined under the deep-seated cellular tissue. Nature always makes an effort to find an opening for all abnormal secretions, but, when a dense fascia interposes, her progress is but slow and painful. The healthy tissues underneath this fascia quickly become involved, and their destruction is greatly increased. In these cases I feel myself justified in adopting one course, and that is to assist nature in finding an opening, by making a deep and free (it must go through the deep fascia, or it is useless) crucial incision into the tumour. Indeed, so needful does this seem to be, that, whenever the bistoury divides the fascia, it sinks as if into a chasm of decomposed tissue, requiring some care on the part of the surgeon to prevent serious consequences. Sometimes I dress these incisions with pledgets of lint, smeared with equal parts of the unguentum resinosum flavæ, and sp. terebinthini. In others, where the tissues are largely implicated, I stuff the incisions with cotton wool, spread with the

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enucleating paste. This may seem a painful procedure, but it must be remembered that the tissues are in a state of semi-gangrene—therefore, in a measure, insensible to pain: the great pain previous to incision is owing to the accumulation of morbid matter beneath a tense fascia. I also give as much nourishment as possible, with carbo-veg. 30/x, and silicea, or calcarea carb., or rhus tox., 30/x. (Rhus is a powerful tonic in many cases, especially in the higher dilutions.) These cases are so common, that I do not think it necessary to illustrate my treatment of them; if necessary, I could easily produce many cases, rapidly cured by this simple treatment.

For the same reasons that I have introduced anthrax among semi-malignant growths, I now introduce *bubo*, or *swelling of a gland*, excited into inflammatory action, and thereby increased in growth, which, if not arrested, many ultimately terminate in death.

BUBO.

It is neither my wish nor intention to write upon syphilitic disease, but bubo, or enlargement of the inguinal glands, caused from absorption of the morbid poison, is so frequent, and from what I know of general practice the treatment usually adopted is so slow, that the system is attacked long before the affected gland is acted upon. The moment any poison affects an adjoining gland, then through that gland the virus is eliminated throughout the system. The usual practice in such cases is, by means of poultices, fomentations, &c., to endeavour to bring the gland either into a state of

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suppuration, or to discuss the swelling. This treatment occupies some time, during which the gland, although diseased, is eliminating its poison, and which is carried into the system. The practice I have adopted in these cases is not to tamper with the disease, but to destroy the gland at once; and this mode of procedure has proved eminently successful. It is easily done. I use Dr. Richardson's ether-spray over the inflamed gland, and, when sensation is destroyed, I divide it quickly with a bistoury. I then dress the wound by stuffing it with cotton wool smeared with the enucleating paste. In a few days the diseased gland, with the adjacent poisoned tissues, are thrown off, the healthy sore heals rapidly, and no further inconvenience is felt. In those cases where this mode of treatment has been at once carried out, I have never met with secondary symptoms afterwards. Of course, anti-syphilitic remedies should be administered during the course of treatment. Some may object to the pain inflicted by this treatment; this is but little when compared with the tedious poulticings and lotions used to bring the bubo to a "head," as it is called. The ether benumbs all the pain of the operation; and, by continuing from time to time, until the action of the paste has subsided, renders this not only a painless, but a most justifiable mode of treatment. There are many other forms of semi-malignant tumours upon which I might write, but, as they are seldom met with, and but little known, I shall at once proceed to consider non-malignant, or innocent or simple tumours.

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PART III.

HOMŒOMORPHOUS, OR NON-MALIGNANT OR INNOCENT OR SIMPLE TUMOURS.

"A TUMOUR is always the result of perverted growth and nutrition, and its origin, in particular cases, must be owing to some predisposition either of the part or of the system" (Miller's "Principles of Surgery," p. 267). This is the case in all varieties of tumour, whether they be benign or the most malignant. A non-malignant tumour differs essentially from those of the previous types, by being confined, as it were, to itself. It has not the power, in the simple stage, either to involve the adjacent tissue in its growth, or to reproduce itself in other organs. When boiled, unlike malignant growths, which resolve into albumen, non-malignant tumours invariably resolve themselves into gelatine. To diagnose tumours it is very essential, that the physician should be able to detect the true character and nature of a tumour, and to be able to decide at once to which of the three classes or divisions it belongs. This, in many cases, is not only most difficult, but with our present limited experience impossible: I refer more especially to tumours in the abdominal cavity. Even the most experienced and eminent in the profession in these cases are often at fault. Our only guides at present are "a sound and unprejudiced judgment, and a delicate sense of

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touch." In the majority of cases, these will enable us to form a correct conception of the nature and character of the disease.

Simple (I will in future use this designation in preference to either non-malignant or innocent) tumours have been divided by physiologists into different classes or sub-divisions. The following, I think, are the simplest and best: I. THE SIMPLE, or SARCOMATOUS TUMOUR, whether considered as SIMPLE SARCOMA OF TISSUE, or EXOSTOSIS OF BONE; II. THE FIBROUS (SIMPLE) TUMOUR; III. THE FATTY, or ADIPOSE TUMOUR; IV. THE IRRITABLE, or PAINFUL TUMOUR; V. THE CYSTIC, or HYDATID TUMOUR; VI. THE ENCYSTED TUMOUR; VII. THE SCROFULOUS, or TUBERCULAR TUMOUR; VIII. THE HEMORRHOIDAL, or BLOODY TUMOUR.

Other surgeons, however, sometimes classify simple tumours, differently; for instance, the late Sir Astley Cooper divides simple tumours of the breast into—(1) The hydatid or cysted tumour; (2) The chronic mammary tumour; (3) The cartilaginous, or osseous tumour; (4) The adipose tumour; (5) The large pendulous breast; (6) The scrofulous swelling; and (7) the irritable tumour. So that leading authorities vary in their division of these morbid growths. Retaining the classification first proposed, I shall now proceed to examine:—

I. THE SIMPLE TUMOUR;

OR, THE SIMPLE SARCOMATOUS TUMOUR.

Simple tumours are strictly local. They grow, as a rule, but slowly, and are circumscribed. They

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have not the power of reproducing themselves, either in other parts, or of recurring (if properly removed) after operation. By some, simple sarcoma is considered to be nothing but "a hypertrophy or alteration of structure in some glandular or other organ." These tumours have a smooth surface, excepting when more than one is present, as in the case of glandular tumours. To the touch they are firm, not elastic, and do not convey the feeling of fluctuation: unlike an abscess, they are painless, grow slowly, and sometimes, especially in warm climates, they attain an enormous size. They are generally met with in glandular structures—as in the breast, scrotum, &c.

The usual treatment proposed is either that of exsection, but, if recent, an attempt to produce absorption is to be made, especially when the tumour is glandular. The late Professor Miller states, "The part is to be placed, and kept, in a state of comparative, if not absolute, repose. By moderate, but repeated, leeching from the vicinity of the part, the morbid nutritive process is diminished, or wholly arrested. And then, by counter irritation and stimulation of absorption, gradual retrocession is patiently expected. Gentle blistering may be employed, or iodine in the form of ointment or solution, or mercury in ointment, or pressure, or plasters of galbanum, ammoniac, mercury, or other discutients. At the same time, the state of the general health must be seen to; and iodine may be administered internally." Professor Miller wisely remarks, "*The local stimulation is proceeded with warily, lest vascular excitement ensue, and the tumour*

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grow more rapidly than before; if so, rest and depletion must be again employed" (*Professor Miller's* "*Principles of Surgery.*" 3rd ed., p. 277).

All the leading surgeons of the present day admit, as an indisputable fact, *that simple tumours may degenerate into the malignant type.* If so, can any course of treatment be more likely to induce a simple growth to degenerate into a malignant one than that proposed by the late lamented Professor? To deal with a tumour of this kind properly, in my judgment, is to avoid all excitement, to avoid all counter-irritation, and to avoid depletion of the parts; for, unless the absorbents of these parts are in full vigour, the morbid deposit cannot be removed; and, above all, leeching is certain to be attended with no ordinary danger, for, in the majority of cases, erysipelatous inflammation is set up, and spreads from the leech-bites. As in malignant disease, so in cases of simple tumour, my practice has been to soothe these parts, to avoid all that would tend to excite inflammatory action, but, at the same time, to excite the absorbents into action. In cases of simple sarcoma, if not excited to growth, I frequently apply to the part hydrastia, phytolaccin, berberine, or iodide of lead, combined either with glycerine or simple cerate. If these applications should produce the slightest irritation, they are at once discontinued, and lotions used instead. These are composed of various medicaments, as scutellaria, Hydrastis canadensis, phytolacca, or Euphorbia corollata. A nutritious diet is insisted upon, with nourishing wines, especially those of Hungary. In a word, the usual mode of treatment

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is to starve the tumour itself, by cutting off, as far as possible, its supplies. My method, on the other hand, is to avoid all irritation, and to endeavour to impart to the absorbents such vigour as may enable them to carry off the morbid deposits before inflammatory action has set in. Owing to the low vitality of these tumours, and the fact that their existence is unsuspected until they have attained a considerable size, absorption can in but very few cases be adopted with any hope of success. If the tumour continue to increase, especially when the increase becomes more rapid, it is proper to anticipate degeneration: I never hesitate, under these circumstances, to remove the mass by enucleation.

MADAME R——, aged 53 years.

(*Case of simple Sarcoma of Left Breast—cured.*)

This lady consulted me, on the 19th January, 1860. About nine months before she noticed a small tumour on the upper portion of left breast. It caused no pain or uneasiness, but, being afraid of cancer, she consulted me. On examination I found a small tumour, the size of a walnut, in the upper portion of left breast. It was firm and moveable. It had not grown much, if at all, for some time. I relieved her mind, by telling her, that there was nothing cancerous about her. I placed her under a soothing treatment in hopes of absorbing the tumour. I saw her repeatedly; and, in the course of five months, no trace of disease could be detected.

MR. ——, aged 49 years.

(*Case of simple Sarcoma—cured by Enucleation.*)

This gentleman consulted me on 24th October, 1864. He was suffering from a large tumour in the right groin. The pain was very slight, considering the situation of the disease. He first noticed a swelling in the part about eighteen months before he consulted me. The local surgeon had painted it with iodine: the effect produced was always bad; for after these applications

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it became more painful, and increased in size. I questioned him closely as to any syphilitic taint, which he emphatically denied. The tumour was the size of an orange, and painless to the touch. It felt smooth, and was moveable. In such a case, any attempt at absorption I felt would be merely losing time; therefore I recommended its removal by enucleation, to which he consented, and, in the course of two months, he returned home quite well.

II. FIBROUS TUMOURS.

Fibrous, or desmoid tumours, are of frequent occurrence, and, either through irritation or lapse of time, sooner or later degenerate into the malignant form. Such is the opinion of the leading English and Scotch surgeons of the present day. That such is the fact, however, is disputed by some celebrated French surgeons (as will be shown hereafter). This form of morbid growths is found in all parts of the body, but most often in the womb, the breast, the cavities of the nostril (where they generally assume the form of polypi), and also in the neck and shoulders. They are firm to the touch, circumscribed, and moveable; they increase but slowly, unless subject to irritation, and then they may speedily degenerate into malignant disease. Frequently they attain to a considerable size. Professor Miller recommended exsection, as the only hope of removing these morbid growths, stating that "no hope need be entertained of cure by absorption." Fibrous tumours are by no means uncommon, more especially in the uterus. (I refer my readers to the tenth edition of my work on "Diseases peculiar to Women," where this form of tumour, as it occurs in the womb, is more fully described, and the means for its removal is discussed.)

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Fibrous tumours, as before stated, are very liable to degenerate into the malignant form: from this circumstance, as a rule, I generally proceed it once to enucleate them; for, if thoroughly and properly removed, especially in the first stage, they seldom or never recur. However, some French surgeons consider that fibrous tumours always remain innocuous; and, as this opinion has been favoured by one of our leading medical journals, I quote, in full, from the *Medical Times* of April 6th, 1844, a paper read by Professor Cruveilhier before the members of the Academy of Medicine in Paris.

"*Fibrous Tumour of the Mammæ.*—An interesting detail of fibrous tumours of the mammary glands was read before the members of the Academy of Medicine, Paris. A very animated discussion took place on the subject, and the memoir created the most extraordinary interest throughout the profession in France. This memoir contains all the important points that might be adduced in respect to this species of tumour, and we cannot do better than quote the professor's observations on the subject:—

"I purpose in the following memoir drawing the attention of the Academy to an anatomo-pathological and clinical question, which in my opinion has not hitherto been sufficiently studied. I mean fibrous tumours of the mammæ, an affection extremely frequent, and which is daily taken by practitioners for scirrhus or hard cancer of these organs, and, as such, extirpated.

"This memoir was written in order to point out the anatomical and clinical characters of fibrous tumours of the mammæ; and to show how they

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differ from scirrhus or hard cancers of these organs; and to prove—1st, that their extirpation is not always necessary, but is to a certain degree optional, for they never degenerate; 2nd, that, when extirpated, they never return, at least, never like confirmed cancer; 3rd, that a fibrous tumour is a local affection, an organic production, entirely independent of a general diathesis, acting either as cause or effect.

"It is to be hoped that the discussion of this memoir in the Academy (which I earnestly solicit for the advancement of science and the good of mankind) will throw some light on so important a point of pathology, which is mentioned neither by Boyer, in his 'Traité de Maladies Chirurgicales,' nor by Sir A. Cooper, in his memoir on the 'Diseases of the Breast,' and which is merely indicated in the more recent treatises on diseases of the mammæ.

"But, in order to solve the question, it is necessary to define the manner in which it ought to be viewed; consequently I will, before describing the fibrous tumours of the mammæ, offer a few considerations on fibrous tumours in general.

"Fibrous tumours in general.—Of all the numerous organic productions which develop themselves in the midst of our tissues one which offers the most characteristic signs, is that known under the name of fibrous tumours or fibrous productions.

"Before the anatomo-pathological researches which signalized the commencement of the present era, they were comprised under the denominations, somewhat vague, of tumours, scirrhus, cancer,

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polypi, &c. Bayle was the first author who gave an accurate description of the fibrous tumours of the uterus; and the remarkable researches of modern days may be considered as the development of his ideas and their practical application.

"But, following the example giving by Bichat, who said that each tissue had its own peculiar lesion, Bayle propagated an error in his memoir, when he stated that fibrous tumours were only to be met with in the uterus. Doubtless it is in this organ that the most favourable conditions for the production and development of this disease are to be met with; but it is likewise to be found in every organ in which fibrous tissue exists, and may be divided into two classes: 1st. Engrafted fibrous tumours, or those which are attached to the surface of a membrane, like a plant: fibrous polypi of the nose; those which arise from the periosteum, such as fibrous tumours of the dura mater; fibrous, cartilaginous and osseous tumours, which are produced by the periosteum, which may be comprised under the generic term of osteo-chondophyta. 2nd. Non-engrafted fibrous tumours, or those placed in the centre of different organs, such as fibrous tumours of the uterus, the ovaria, the mammæ, the testes.

"These preliminaries pointed out, we will next pass in review the characters common to fibrous tumours.

"1st. Character founded on the seat of the disorder.—Fibrous tumours develop themselves generally in the midst of a fibrous tissue.

"2nd. Character founded on shape or size.—

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The shape generally spheroidal; their surfaces even or mammelounée (mammillatus) or deeply furrowed, owing to their being composed of lobules. Their size varies from that of a millet-seed or cherry-stone, to that of the head of an adult, and larger, some having been met with weighing forty-five pounds.

"3rd. Character founded on the mode in which they are united to the organ in which they are situated.—With the exception of the *engrafted fibrous* tumour, which seems to be the result of a sort of vegetation on, or extension of, the tissue of the organ itself, these organic productions are united to the parts in which they develop themselves, by a loose cellular tissue, so that enucleation (enucleatio) may be performed with the finger, a blunt probe, or by gently pulling, and does not need the assistance of the knife; in this respect they may be said to resemble a cyst (with which they are frequently confounded), in being completely separated from the surrounding parts.

"4th. Character founded on their texture.—Fibrous tumours offer a density which can only be compared to that of cartilage, or the tissue of the uterus when empty; and, were it possible to admit the existence of the fibro-cartilaginous tissue described by Bichat, it would be to it that it ought to be likened. Effectively, they are formed of linear fibres of an albugineous nature, closely united, and crossing each other in different directions, and often divided into several clusters of fibres, knotted together so as to make separate lobes or lobules.

"Fibrous tumours contain veins which originate

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in their substance, by very small radiculæ, and whose trunks are to be found in the surface of the swelling, or between the lobules, when these last exist. These veins anastomose with those of the organ in which the tumour has developed itself. No artery has been seen in these organic productions, and an injection made into the arteries of the surrounding parts never penetrates into their interior; finally, no lymphatic vessel or nerve has as yet been discovered in them. Considered therefore, as to their texture, the only organic element they possess is a fibrous tissue nourished by veins. Life in these tumours is very obscure, and is supported by the venous blood, agitated by an extremely feeble oscillatory motion. Organisation and life is, therefore, reduced to its simplest expression.

"5th. Character founded on the mode of development (evolutio).—Fibrous tumours present from their apparition the same character as when completely developed, let their size be that of a cherry-stone or the head of an adult. Numerous observations have led me to the conclusion, that if some fibrous tumours become cartilaginous or osseous, a certain number were so from the first.

"6th. Characters founded on the consecutive pathological symptoms.—I include under this head (*a*) the consecutive lesions produced by fibrous tumours in the surrounding tissues; (*b*) the consecutive changes which take place in the tumours themselves.

"(*a*) Consecutive lesions of the surrounding tissues.—Fibrous tumours are troublesome, merely

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from their size and weight; they are true foreign bodies, quite harmless, a species of parasite, whose vitality is very limited, and which come in the tissues in which they are developed, but with a few inevitable modifications of nutrition and circulation.

"(*b*) Consecutive changes which take place in the tumours themselves.—These changes are but few in number. The tumours may increase in size indefinitely, or remain stationary; several facts authorise the conclusion that they are suceptible of decrease, of a species of atrophy. Again, they may become osseous, by phosphate of lime being deposited in their interior, or the seat of an œdema, which dissolves their component elements, and render their lobules more apparent. In this last case the tumour is often saturated with a liquid very analogous, at least in appearance, to synovia. They never degenerate into cancer, and I consider myself right in asserting (this character being, in my opinion, of the highest practical importance), that there is incompatibility between a fibrous tumour and a cancerous degeneresence.

"These are the general characters of fibrous tumours; and now let us examine if they are applicable to certain organic productions to be met with in the mammæ; and in order to solve this question, I will quote a great number of clinical, and some few anatomo-pathological facts. But first, it is necessary to state, that of all the organs of the human body, the mamma is that which offers in its structure the greatest proportions of fibrous tissues; that, besides the adipose tissue, two other elements form essential portions of the texture of these organs: a

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frame or groundwork of a fibrous nature, and granulations or glandular lumps. These granulations can only be studied on females who die while pregnant, and, still better, immediately after delivery, or while giving suck; except under these circumstances the mammary granulations are but slightly developed; and this is owing to the absence of secretion in the organ. After the cessation of the catamenial flux, and especially in very old females, they seem to disappear entirely, and the fibrous tissue alone remains. It is thus evident that the mammæ possess to a considerable extent the necessary conditions for the development of fibrous tissues.

"*Symptoms.*—Fibrous tumours of the mammæ present themselves to our observation under the form of small spheroidal swellings, varying in size from that of a millet-seed or cherry-stone to that of an egg, and upwards: surface sometimes smooth, at others uneven; in general very hard, and sometimes like a stone; almost always subcutaneous, still in some cases they are developed in the midst of the tissue of the mammæ; easily circumscribed; quite distinct from the mammary gland, to which they are attached by a very loose cellular tissue; as mobile as a lymphatic gland, and, like it, rolling under the finger which touches it, from which symptom the denomination gland, under which it is commonly known, is derived. To resume: spheroidal form, perfectly limited; mobile, independent of the tissues of the organ in which it is developed—these are the signs by which these tumours are to be recognized; and these are the characters which I assign to fibrous tumours in their generalities.

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"From these symptoms every practitioner will readily recognize a disease of the mammæ, for which he has been repeatedly consulted. But hitherto, the fibrous tumours of the breast were distinguished, neither practically nor anatomically, from the other lesions of these organs, and especially from scirrhus; the consequence was that they were confounded one with another, and submitted, consequently, to the same treatment. For fibrous tumours, as for scirrhus, authors thus express themselves; the tumours of the mammæ, known under the denomination of glands, may remain stationary, or nearly so, for a considerable length of time; but towards the age of forty, forty-five, or fifty, they almost always increase with rapidity, encroach on the neighbouring parts, infect the whole system, and give rise to all the symptoms of inveterate cancer.

"The conclusion to which such an opinion must of necessity lead us, is immediate extirpation, as the degeneration was less to be feared when the tumour was extirpated in an early stage, than when permitted to remain a considerable length of time in the part. Immediate extirpation of all the tumours of the mammæ was the only rational mode of treatment: it must not, however, be supposed that in the opinion of practitioners who gave such advice, it was established beyond a doubt that the tumours were susceptible of degenerating,' and that, consequently, their extirpation was absolutely necessary; but, unable to form a positive diagnosis between the tumours which were cancerous, and those which were not susceptible of degeneration, they preferred operating ten times uselessly, rather

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than omit doing it once where extirpation was necessary.

"The anatomo-pathological study of the lesions of the mammæ is still more indispensable; for have we not seen a cyst, an œdomatous hardening of these organs, taken for cancerous tumours, and often operated on as such?

"This was the mode of treatment adopted by me fifteen years ago. I delayed advising the operation just long enough to prepare the patient; in general I will add, very docile and resigned, as soon as the terrible word cancer is pronounced. But some doubts having arisen in my mind as to the precise nature of these tumours, I hesitated to advise their extirpation. These doubts arose from having observed: 1st. Several patients, on whom the tumours were mobile, circumscribed, not painful, not adhering to the surrounding parts; the persons affected being young girls scarcely pubescent, and women enjoying perfect health. 2nd. The existence of several in the same, or in both mammæ, simultaneously. On reflection I asked myself, Ought these small tumours, often discovered by mere chance, to be considered as the first stage of cancer? These doubts became stronger and stronger when I observed that these tumours in several females who would not consent to have the operation performed, and with others with whom I had advised delaying it, neither increased in size nor degenerated, though many years had elapsed since I first examined them; and though some of the patients became pregnant and suckled their children, and others were no longer after the

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manner of women. Again, the fact that in many cases, when the tumours were extirpated with the bistoury, they did not relapse, may be mentioned as a clinical proof of their harmlessness, and that their nature is completely foreign to cancerous degeneration—circumstances very frequent after the extirpation of true cancer of the breast. In order to prove the truth of this assertion, anatomo-pathological proofs were still wanting; but no considerable time elapsed before opportunities presented themselves to me of observing several cases, and establishing the fact beyond a doubt. On examining attentively many of these tumours extirpated by different practitioners as schirrhus, and cancer in the first stage, I remarked that a certain number offered mainfully the same characters (form, density, texture) as the fibrous tumours of the uterus, and not at all those of a cancer. By this anatomical examination of fibrous tumours of the mammæ, I was enabled to verify a remarkable pathological fact, viz., that a certain number, which at first sight appeared solid, were hollow; and on cutting them in two, each half was easily turned inside out, so that its external surface became internal, and *vice versâ*. The outer surface was covered with globular vegetation and fibrous granulations, sometimes isolated, sometimes ramified as polypi. These vegetations or fibrous globules, perfectly similar in every respect, were separated from, or adherent by means of short fibrous prolongations to, each other. In the case just described, these vegetations, or knots, or fibrous swellings in juxtaposition, only form a cavity without walls.

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"Other differences sometimes present themselves; for instance, I have observed in the centre of these fibrous bodies, a cavity full of viscous liquid, very analogous to synovia. Again, I have seen several cases in which these tumours had become œdematous, and, increasing rapidly in size, had on that account been extirpated. These œdematous fibrous tumours of the mammæ are exactly like those of the uterus; their substance was penetrated by a viscous liquid analogous to synovia; and here and there were to be found small cavities without any lining membrane, not cysts, and which contained a fluid.

"The following case, as complete as possible, may be taken as a type of what is to be met with in patients affected with fibrous tumours of the mammæ.

"Mrs. C——, aged forty-four. Strong constitution, rather lusty, healthy, and blooming, whom I met frequently in society; consulted me about fifteen years ago on account of three very firm tumours in the left breast—two of the size of a hen's egg, and one in the right, of the size of a turkey's egg. These tumours could be easily limited, were of a stony or ligneous hardness, mobile and quite separate from the gland—symptoms which I consider characteristic of fibrous tumours of the mammæ. Another important fact which must not be omitted, is, that they commenced with puberty. The patient, who had of late become much stouter, thought that she perceived an augmentation in the volume of the tumours; and as the epoch for the cessation of the catamenial flux drew near, she became fearful of accidents, and desired something to be done. My opinion was, that there was no danger; that these tumours were not of a cancerous but fibrous nature, and consequently would not degenerate; that it would be time enough to operate when from their size they incommoded the patient; that, if they were not extirpated, nothing ought to be done. Unfortunately, my advice was not followed. A practitioner thought he could obtain their resolu-

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tion, by reiterated application of leeches, tepid baths, and an extremely debilitating regimen. But this mode of treatment, this species of Valsala method by leeching, caused the patient to grow considerably thinner, without producing the least effect on the tumours. After following with perseverance this treatment during eight months, the patient, in this weakened state, was affected by an erratic erysipelas, which invaded successively the whole body, and gave rise to an erysipelatous phlegmon, which ended fatally. Called in consultation a few days previous to that event, I was requested to attend the autopsy, the result of which was: all the internal organs healthy; the three tumours in the left breast still mobile, limited, easily separated, not only from the adipose tissue that remained, but also from the mammary gland to which they were united by a loose cellular tissue; two of these tumours were of the size of a hen's egg; the third of a walnut; their surface was smooth, mammillary; their tissue extremely dense, and offered all the characteristic signs of fibrous tissue. No liquid escaped on pressure, however strong—no cancerous fluid. On dissection they were found to be composed of a multitude of granulations closely pressed against each other, sometimes adherent, at other times free of adherence; the mamma was partly atrophied. Finally, a fourth very small fibrous tumour existed, perfectly isolated from the surrounding parts. The right mammary gland had nearly disappeared; in its stead, I found a large fibrous tumour divided into lobules, which was subdivided into granulations. Pus had accumulated between the pectoralis major and the swelling; besides this, a collection of pus had exisited between the lobules of the tumour.

"These are the clinical and anatomic facts to which I desire drawing the attention of the Academy, and by which I consider myself authorized to conclude:—

"1st. That the mammæ are exposed to the development of the organic production known under the name of fibrous tumours.

"2nd. That fibrous tumours of the mammæ, one of the most common lesions to which these organs are exposed, may be distinguished by certain signs from chronic induration consecutive to chronic

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inflammation, and from cancerous tumours, as in both these disorders the tumour is not separated from the mammary gland, in whose tissues they develop themselves, and from which they offer no line of demarcation. Fibrous tumours, on the contrary, are quite separate from that gland, and roll under the pressure of the finger in the same way as a cyst or lymphatic gland.

"3rd. That fibrous tumours never degenerate into cancer; consequently their extirpation is not requisite on account of the changes which may take place in these tissues, and by which the life of the patient may be endangered. Fibrous tumours form a lesion entirely local; their extirpation is, therefore, to a certain degree optional, and ought never to be performed, except when, from their size or their weight, they inconvenience the patient.

"4th. That, when extirpated, they never relapse in the mode in which a cancer does, although other fibrous tumours may develop themselves in a breast from which one has already been extirpated."

If fibrous tumours were merely simple tumours, according to this French view of the subject, would our celebrated pathologist, Mr. Paget, have described a *recurring* fibroid tumour—a form of fibrous tumour, in appearance similar, but one that always reappears after operation? Indeed, Mr. Paget relates one case of this form of tumour, which appeared in the upper part of the leg, which within two years was removed *five* times, and, on its reappearance the *sixth* time, amputation of the limb was deemed advisable, which was followed by death. The testimony of all our principal leading surgeons

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prove that fibrous tumours, of all others, are most liable, to degenerate into the malignant type, and if removed, excepting in the primary stage, are almost certain to recur.

These tumours frequently grow to a great size. Cases are reported in which they have weighed seventy pounds. Mr. Erichsen states: "These tumours may remain stationary for years, and this is the condition in which they are often presented to the surgeon. Eventually, however, they are apt to undergo disintegration, becoming infiltrated, œdematous, and softening in the centre, or at various points in the circumference; they then break down into the integuments covering their slough, and an unhealthy pus, mixed with disorganized portions of the tumour, is poured out, leaving a large and unhealthy chasm, from which fungous sprouts may shoot up, readily bleeding on the slightest touch, and giving the part a malignant appearance; the patient eventually falling into a cachetic condition, and becoming exhausted by the hemorrhage and discharges" (Erichsen's "Science and Art of Surgery." 4th ed., p. 478). The opinion and experience of this distinguished surgeon is sufficient to justify my viewing all fibrous tumours with grave suspicion; and as, from their low vitality, but little can be hoped from any attempt to absorb them, I have invariably recommended their removal by enucleation. In some situations, as in the womb, it is not always possible to remove them. When found there, I, if possible, attempt their removal by the *écraseur;* for enucleation is impossible. If the base of the tumour be so broad,

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that the wire ligature cannot embrace the whole of it, I merely make several deep crucial incisions into the substance of the tumour, depending upon the low state of vitality, that it will slough away. In the great majority of cases this is enough for their destruction and removal, when situated within the womb.

MRS. ——, aged 65 years.

(*Case of Fibrous Tumour on upper portion of Right Thigh—cured by Enucleation.*)

This lady had been suffering from a large painless swelling on the external part of the right thigh for some years previous to consulting me, on the 13th June, 1860. It felt hard, moveable, and about the size of the clenched fist. If she walked any distance she felt an aching pain in the leg. Disabusing her mind as to any cancerous tendency, I recommended enucleation as the best means for its removal, for, if not removed, it might in time prove troublesome. To this she consented. The tumour was enucleated, and in seven weeks she returned home quite well.

MISS ——, aged 31 years.

(*Fibrous Tumour on Flexor Muscle of Right Thigh—cured.*)

This lady felt a strange swelling in the thigh, about the summer of 1854, accompanied at first with a sense of uneasiness. This peculiar pain soon passed away, and generally she was unconscious of anything being the matter with her, excepting when over-fatigued. She had done nothing, further than having consulted her own surgeon, who told her to let it alone. She came to me on the 11th November, 1859, when I detected a fibrous tumour the size of a small orange. It had grown rapidly the previous month. I recommended its removal, to which she consented. I enucleated the tumour without inflicting pain, and within two months she was quite well.

MR. ——, aged 36 years.

(*Case of Fibrous Tumour of the Left Angle of Lower Jaw, immediately over Parotid Gland—cured.*)

This gentleman consulted me on the 7th September, 1859. told me the tumour appeared many years ago, when a

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growing boy. It did not increase much until a year before. He had consul te Mr. Skey, and Mr. Lawrence, both of whom recommended its removal by the knife. His pulse was feeble, the tumour pressing on the pharynx. The fauces were much inflamed, and had been so for some years. A year previous, he had the tonsil in the left side removed. This was a decided case of fibroid tumour. He submitted to enucleation, and he was soon able to return home well, and no return has since taken place.

Miss ——, aged 39 years.

(*Fibrous Tumour of Right Breast—cured.*)

This lady consulted me on the 30th December, 1859. Three years before, she observed a small hard tumour in her right breast; it had caused no pain; and she had almost forgotten it, until about six weeks before she consulted me, it increased. On examination I found a distinct fibrous tumour, the size of a hen's egg, embedded in the mamma. It was purely fibrous. I plainly stated the nature of her disease,—that it was nothing, at present, of a malignant character, and that it might remain as it was for years,—but informed her, at the same time, that any excitement might cause it to grow larger with great rapidity and that then it would prove troublesome. I therefore recommended its removal. To this, after consulting with her friends, she asented. I enucleated only the tumour, which, being not malignant, permitted me to preserve the rest of the breast intact; she speedily recovered, and returned home quite well.

I have many similar cases, also very many cases of fibrous tumour of the womb; the description and treatment of these, however, I shall reserve for the tenth edition of my work on "Diseases peculiar to Women," now in the press.

III. FATTY OR ADIPOSE TUMOURS, OR LIPOMA.

This form of tumour is unattended by pain or any feeling (excepting when it implicates a nerve)

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that the patient is sensible of; and it is only by the increasing size, on the hand being passed over it, that it is discovered. It consists of an increased growth of the fatty substance in which it is situated. Sometimes these tumours attain a great size. Sir Astley Cooper mentions one which he removed from the breast, weighing fourteen pounds. Lipoma is always irregular, firm, and lobulated; to the touch, it feels soft, doughy, and elastic. Its growth is gradual and steady—being more rapid than most simple tumours, less so than those of the malignant type. It is met with in all parts of the body, but most frequently in the back, neck, shoulders, thighs, abdominal parietes, and breast. Professor Miller states "that any attempt at discussion is *fruitless*, nothing but harm can ensue; enlargement, adhesions, and degeneration. A seton has been used, in the hope of exciting disintegration by thorough suppuration. But the result will prove unsatisfactory; and, besides, the procedure is fully as severe as the appropriate treatment—*extirpation*. This should not be long delayed, for, although a fatty tumour is among the most simple of tumours, and little prone to change, either in structure or in tendency, yet examples are not wanting of stimulation, long continued, having succeeded in effecting complete medullary and malignant degeneration" (Miller's "Principles of Surgery." 3rd ed., p. 281). My experience coincides with that of the late Professor Miller, "that it is not only useless in attempting to absorb an adipose tumour, but really attended with danger; for, by exciting inflammatory action, degeneration is pretty certain to take place." In

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these, as in all other forms of tumour, I prefer removal by enucleation to exsection by the knife; for it is not only safer and more certain, but, being less painful and trying than the usual operations, causes considerably less shock to the system: and my opinion is entitled to some weight, for I have operated in both ways. When comparatively a young surgeon, in the year 1848, I was called in to see a lady, who was then suffering from a large lipoma, situated between the muscles (internal and external oblique) of the abdomen. The removal of the tumour was the only hope for the preservation of life. Then I knew nothing of enucleation, and at the time chloroform and the use of ether as an anæsthetic were unknown. Several distinguished surgeons had seen the case, and had refused to operate. I undertook the operation, and removed a fatty tumour, flattened and spread out, that weighed on its removal nine pounds and a half. The hemorrhage was frightful; for eight hours I kept my hand pressing on the wound to arrest the flow of blood. From the nature of the tumour (being flattened, and its lobules having extended, and become ramified between the muscles), the operation was a very bloody and a very long one. Yet the heroic woman did not utter a murmur or complaint. Through God's blessing alone, she recovered, and was restored to health. If this tumour had been enucleated, her suffering, compared to that of the operation I then performed, would have been trifling; and her constitution would not have been weakened by such a frightful loss of blood as must necessarily occur in all similar operations.

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Miss ——, aged 45 years.

(*Case of Adipose Tumour on Left Shoulder-blade* [*Scapula*]—*cured.*)

This lady called on me on 5th July, 1858. For some years she had perceived a swelling in her left shoulder-blade. Although it caused her no pain, still there was a feeling of great uneasiness, and lately it had grown considerably. On examination I discovered a flattened adipose tumour of considerable size, lobulated, doughy, and plastic to the touch. Pressure caused no pain. I enucleated this tumour in the following September, and soon after she returned home quite well.

Mrs. ——, aged 37 years.

(*Case of Adipose Tumour of Left Breast—cured.*)

The mother of three children; was surprised, about nine months ago, to perceive that her left breast was larger than the right, and also that to the touch it felt different. On examination I felt a fatty tumour situated in the upper part of the breast, extending more in the direction of the clavicle, than to the gland. It was painless, and soft to the touch. This lady consulted me in March, 1856. As the disease had increased more rapidly during the last month than before, she consented to submit to enucleation, which was successfully performed, and she returned home quite well.

IV. THE IRRITABLE OR PAINFUL TUMOUR.

This form of morbid growth is usually found in the female breast—in the young—seldom in the aged. It is of small size, hard, painful to the touch, and moveable. It is a production of the cellular tissue rather than of the substance of the gland. These tumours are generally oblong in form. On cutting them open, they present a remarkable redness, whilst the surrounding cellular tissue is white and colourless. Sir Astley Cooper was unable to trace any large filament of a nerve in them. These small tumours are extremely painful at times,

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dependent, either on difficult, deficient, suppressed, or excessive menstruation, or on other catamenial disorders. In time the excessive tenderness and pain disappears, and in some few cases the tumour itself disperses. The usual treatments recommended are various. Sir Astley Cooper advised "a plaster consisting of equal parts of soap cerate, and belladonna; poultices of bran, with solution of belladonna; and oiled silk, or hare skin, or some other warm fur, worn upon the breast. Leeches may be used, when the pain is very severe; but, if prescribed for weak or reduced constitutions, they may aggravate the irritability of the system. He also recommends the following pill to be taken twice or three times daily:—

"℞ Ext. conii.
,, Papaveris. *aa.* gr.ij
,, Sem. stramonii, gr.ss.
Fiat pil.

"To restore the uterine functions, ammoniate of iron, carbonate of iron, compound aloes mixture, compound myrrh mixture, warm sea-baths, either natural or artificial, are among the lists of remedial agents to be employed." There can be no doubt that this form of painful tumour is dependent altogether on the uterine functions. My practice has therefore been to re-establish those functions, at the same time soothing the painful swelling in the breast. If dependent on difficult menstruation, I ascertain the cause of the difficulty. If from occlusion of the os, I open it; if from other causes, I attempt to restore it, by the administrations of dilutions of either the marcotys racemosa, or of the

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baptisia tinctura, or of nux vomica, and Pulsatilla nigricans. If deficient, by increased nutrition, using one or more of the above agents. If suppressed, the first-named medicine may prove sufficient. If excessive, hamamelis, or erigeron, or geranin, either in injection or given by mouth, will probably prove effectual. Frequently caulophyllum or gossypium will be found useful. To the tumour itself, I apply lotions or fomentations when excessively painful, of the Veratrum viride, poppy-heads, &c. I have always found in these cases that irritable tumours of the breast are dependent on irregularity of the female functions, and that the restoring of these functions is the proper treatment for relieving the more painful form of disease.

Miss ——, aged 25 years.

(*Case of Irritable Tumour of Left Breast—cured.*)

This lady visited me on the 1st March, 1859. She had suffered great pain in her left breast, always painful, but more so every three or four weeks; had not menstruated for nine months. She was thin, sallow, and cachectic. On examination, observed a small tumour, not larger than a large pea, in the left breast, above the gland. The cuticle was neither discoloured nor inflamed. Ordered a lotion of Veratrum viride, to be applied constantly over the whole breast, at the same time directing my attention to the restoration of the catamenia. This recurred in about three weeks. The pain in the tumour decreased, but it was not until about seven months afterwards that the catamenia was re-established thoroughly, and the tumour gradually disappeared, and she was restored to her normal state of health.

This subject is more adapted for my work on "Diseases peculiar to Women," where more details of this form of disease will be given, in the tenth edition.

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V. THE CYSTIC, OR HYDATID TUMOUR, OR CYSTO-SARCOMA.

Professor Miller's description of this form of morbid growth being the most complete and concise that I have met with, I will quote it: "*Cysto-sarcoma* designates a tumour partly composed of solid structure, partly of cysts, or cavities, variously occupied. The solid structure, or *stroma*, is of a simple and non-malignant kind; analogous to that either of the simple sarcoma, or of the fibrous tumour, the cysts are not mere vacant spaces, caused by breaking down of the solid matter, as often happens in malignant formations, but are parts of the original structure, lined with a distinct secreting membrane, and occupied by contents of various kinds. These are usually more or less fluid: sometimes a clear glary fluid; sometimes a gelatinous, pale mass of semi-solid consistence, elastic, and projecting beyond the level of the cut cyst on a section being made; sometimes solid, consisting of a fibrinous deposit, organized very imperfectly, if at all, sometimes of an atheromatous, or pappy consistency, as in many encysted tumours. Sometimes, but more rarely, a dark fluid, like printing ink, is contained; sometimes blood is mingled with the contents, either in the solid or coagulated form; but such appearances are usually indicative of, and coeval with, degeneration of the tumour towards malignancy. Sometimes the cysts are numerous and small; in other cases they are few and of large size. Sometimes they are single in themselves; sometimes many smaller cells are contained within a parent, attached by narrow

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peduncles. In the latter case, the tumour has been called cysto-sarcoma proliferum; in the former, cysto-sarcoma simplex" (Professor Miller's "Principles of Surgery." 3rd ed., page 283). Again, Copland, in his "Dictionary of Practical Medicine" (page 281), writes: "Cystic tumours are remarkable, not only as respects the number and size of the cysts forming the tumours, but as respects the numbers and appearance of these tumours, and the nature of their contents. Some of these tumours present one large cyst, with various partitions; others consist of various cysts, more or less distinct; others, again, are formed of several consecutive tumours; some contain a sero-mucous fluid, others a sero-sanguineous liquid." Sir Astley Cooper described as follows this first species of tumours, consisting of simple serous cysts or bags. "In this form of disease the breast gradually swells, and is at first free from pain or tenderness. It becomes hard without fluctuation, and grows slowly for months, or even years, sometimes acquiring a very considerable size. At an early stage the swelling feels entirely solid, and greatly resembles a simple chronic enlargement of the breast; but after a great length of time fluctuation may be felt at one part of it. The tumour then increases more rapidly, and fluctuation may soon be detected in several parts. There is still in most cases little or no pain; some patients, however, feel an unusual heat in the part, and others experience pain in the breast and shoulder. The tumour is extremely moveable on the pectoral muscle, and is very pendulous. In some cases the whole of the mammary gland becomes involved, in others, only

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a small portion of it. Such tumours often attain a very considerable size." Sir Astley Cooper stated that the largest he ever saw weighed nine pounds; but in other cases, although the diseased breast was entirely filled with cysts, it never exceeded twice the size of the healthy one. At length one of the fluctuating points slowly inflames, ulcerates, and discharges a large quantity of fluid resembling serum, but somewhat more glary. If the sac be entirely emptied, and the external opening closed, it is a long time before the fluid accumulates, and occasionally the sac is obliterated by the adhesion of its sides. Sometimes several cysts burst in succession at distant periods, forming sinuses which are very difficult to heal. Except during the process of ulceration the general health is not at all disturbed. Even when the tumour is large, ulcerated, and discharging profusely, the axillary glands remain unaffected; or if one be slightly enlarged, it is from simple irritation, and the enlargement subsides when the disease in the breast is removed. The second species of cystic tumour, described by Sir Astley Cooper, seems hardly entitled to rank as such, since it was found in a single case, and a doubt was expressed whether this might not have been of the nature of globular, or true hydatid. It is represented as being undistinguishable from the preceding species except from dissection. In the case examined by Sir Astley Cooper, the tumour consisted of vast numbers of cystic formations, the largest of which did not exceed the size of a barley-corn. They were oval and composed of numerous lamellæ, which could be peeled from each other, and which were very vascular.

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"The true globular hydatid tumour, the third species of hydatid tumour of Sir Astley Cooper, is similar to hydatid productions in other parts of the body. Sir Astley had found the globular hydatid only to exist singly in the breast, although great numbers are found congregated in other parts. When one of these hydatids is developed in the breast, inflammation is excited, and a wall of fibrine surrounds it. The tumour feels hard, and while it is small no fluctuation is perceptible; but as it increases, and the fluid becomes more abundant, a fluctuation may be felt in the centre of the tumour. Sometimes, when the hydatid has attained a considerable size, it occasions suppurations, and the cyst being discharged along with the matter, a spontaneous cure is effected." These cystic tumours, when consisting of a solitary or single cyst, are called unilocular; when composed of more than one cyst, then they are known as multilocular or compound cyst.

Cystic tumours are met with in all parts of the body, as underneath the skin, in the female breast, the liver, and other internal organs, especially the ovaries, and it is from the frequency of hydatids occuring in the ovaries, and having given rise to a modern operation (I refer to ovariotomy), that this has induced me to quote so largely from eminent surgeons, as it is important to form a correct knowledge of the nature of cystic tumours. Cystic tumours are simple in the first stage, but as Professor Miller states, "In consequence of the independent secretive power which the cysts possess, they may at any time take in a perverted and

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depraved character." Indeed, there is no form of homœomorphous growth so liable to degenerate into the heterologous type, as the cystic or hydatid tumour.

Cystic tumour of the breast is rarely met with in the young, but is not uncommon in the middle-aged and elderly female. It appears at first as a hard tumour, generally increasing at first but slowly, but sometimes with great rapidity, attaining a considerable size. When unilocular, it feels smooth and is very moveable, but when multilocular, it betrays its character, feeling knotty, as if composed of several tumours, which in fact it is. The operation recommended is exsection. My treatment coincides so far with that of the leading surgeons of the day, as to the necessity of removing all disease; but the means I employ in cystic tumour of the breast is very different, and, I believe, more reliable. If unilocular, I pierce the tumour with a trocar, and empty its contents. I then inject through the cannula a strong solution of the sulphate of zinc. This completely destroys the cyst, which soon sloughs, leaving a healthy sore, which is speedily healed. If multilocular, I then enucleate it, emptying the cysts as soon as reached, and filling the space with cotton wool smeared with the enucleating paste. This destroys, in one application, all the membranes of the cysts, which slough, and the cure, so far as the hydatids are concerned, is radical and complete.

MRS. ——, aged 57 years.

(*Case of Unilocular Tumour of Left Breast—cured.*)

I met this lady in July, 1857, when she showed me her left breast, in which I found a large cystic tumour, situated in the

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axillary portion. From its smooth feel, I was satisfied it was a single hydatid cyst; this I punctured with a small trocar, and drew off about eight ounces of a brownish yellow serous fluid; without withdrawing the cannula, I injected three ounces of a strong solution of sulphate of zinc, which was retained half an hour. On my visit next day, serum still exuded on pressure from the opening made by the trocar, showing that the vitality of the membrane was not entirely destroyed. I then injected the cyst with a strong solution of the sulphate; this caused considerable pain for a few moments. The injection was retained eight hours, and then only a portion escaped, the sulphate having coagulated the greater portion of the remaining serum. Suppuration took place, in the lower portion of the tumour where the trocar had been inserted. In three weeks the entire cyst was thrown off; stimulating dressings were then applied, and in the course of a few weeks the lady returned home quite well.

MRS. ——, aged 43 years.

(*Case of Multilocular Tumour of Left Breast—cured.*)

This lady consulted me in November, 1864. On examination, I discovered a large tumour feeling knotty, but otherwise smooth, and moveable, which I pronounced to be a mutilocular cystic tumour. I punctured the tumour with a grooved exploring needle, and from the serum obtained, I was satisfied, that my diagnosis in the first instance was correct. There being more than one tumour, it would have been impossible to have emptied all with a trocar: I therefore treated this lady as if I was enucleating a scirrhus, or any other form of malignant disease, excepting that when I had reached the cyst, enucleation was carried no further. The cysts, one by one, were emptied of their contents, the cavity they had occupied was carefully dried, and cotton wool, smeared with the paste, was pressed upon them. In a few hours the vitality, without much pain, was entirely destroyed; the parts rapidly sloughed, leaving a large cup-like sore, which I dressed with stimulating dressings. Cicatrization was rapidly completed, and the lady was soon restored to her normal state of health. This happy termination, however, is not invariably met with.

MR. L——, aged 40 years.

(*Case of Multilocular Cystic Tumour recurring after operation—attempted removal unsuccessful.*)

This gentleman first consulted me on the 25th July, 1866. About two years before, he discovered a tumour situated above the

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left breast; this was removed by the knife, either two or three times; the disease did not recur after the operation in the same place, but reappeared each time nearer the axilla. The last operation was performed by Mr. H—— in the previous March. When I first saw him, I found a large nodulated tumour in the left side, situated between the axilla and breast, and extending under the pectoralis major muscle, and it also extended a short distance above the clavicle. He was very nervous; his countenance expressed great anxiety. His face had an unhealthy florid appearance, with numerous spots of eczema. His constitution, from suffering and from the effects of repeated operations, was much shattered, and at times he suffered much pain, especially when lying down. I ordered a lotion of scutellarine to be applied over the tumour, hydrastis and arsenicum alternately, with a few drops of liquor nepenthe during the night, if necessary. This treatment was continued until the 8th September, when I introduced a trocar into the tumour, and drew off about half-a-pint of yellow-coloured serum; this only afforded relief for about twenty-four hours, when the tumour was as fully distended as before. On the 10th, a trocar was again introduced; only about two ounces of fluid came away. I then explained to him the necessity of submitting to an operation, differing from the previous ones, as the only hope of saving his life, at the same time pointing out the danger he incurred from any operation. To this he consented; but serious symptoms arising, I did not feel justified in operating until these were removed. It was not until the 24th of the month that I was able to commence, when I painted about one-third of the tumour with dilute nitric acid, afterwards applying the diluted paste. On the 5th October, all the cuticle excluded by the nitric acid was destroyed, and in the afternoon I cut the deadened parts away, exposing to view a large mass composed of many hydatids, varying in size from a small hazel nut to a large filbert; these were united by strong fibrous bands. With my hand I scooped out the cystic cells, tearing their attachments with my fingers. When nearly all removed, they filled a large wash-hand basin. In passing my fingers round the clavicle, I discovered that the bone had been attacked and was in a state of disease; instead of being smooth and covered with its periosteum, it was eaten into, and covered with spiculæ of bone, sharp as needles. Any further attempt to remove disease I knew to be hopeless. I saturated pledgets of lint in a solution of chloride of zinc, and placed my patient in bed. Owing to valvular

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disease of the heart, I did not adminster chloroform; yet so comparatively painless was this fearful operation, that during its performance, he sat quietly in his chair, seldom giving utterance to any expression of pain. Three hours after the operation I administered one-third of a grain of codeine, ordering acconite to be given at intervals, if feverish. On the second day after the operation, the dressings were removed. The wound, excepting near the clavicle, where the hydatids had not been totally removed, looked healthy. With cotton wool saturated in a solution of chloride of zinc I again filled the cavity. The patient seemed to do very well until the 18th October, when on dressing the sore I found that the hydatids had rapidly increased, within twenty-four hours nearly filling the wound. On the 20th slight delirium occurred. I saw him for the last time on the 22nd October, when he was collected but weak. The family having been alarmed at his state, and from my previous statement that he could not recover, called in another physician, and I saw his death announced in the *Times* about a week afterwards.

Notwithstanding the fatal termination of this case, I feel satisfied that my mode of operation was not only justifiable, but the only one that could with propriety have been performed. I believe if the clavicle had not been involved I could have removed every hydatid, and then, dressing it as I did, with a solution of chloride of zinc, every particle of cyst would have been destroyed, and his recovery would not have been improbable. Indeed, so confident am I as to this treatment, that if I meet with a similar case again, I shall not hesitate to recommend the removal of the disease by this operation.

Some years ago there seemed to be a want of knowledge, if I may use such an expression, regarding the nature of cystic tumours, especially their liability to recur, as shown by the following case:—

Mrs. ——, aged 47 years, consulted me on February, 1861, with a large smooth moveable tumour in her left breast. I told her husband that, although it was a simple tumour and having nothing cancerous about it, I advised its immediate removal. Not being satisfied with my opinion, he took his wife to a leading surgeon, and came back to me next day stating that I had been mistaken, for the gentleman he took her to had pierced the breast with an instrument, letting out a quantity of water, and that his wife

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was now quite well. I again, notwithstanding what he had told me, warned him that if not removed it would certainly destroy her life. He was surprised, and incredulous at my persisting in my opinion, so contrary to that of the eminent surgeon. Her death was recorded about eighteen months afterwards, and on making inquiry I was told she had died from cancer of the breast.

Probably, cystic tumours have had more attention drawn to them within the last few years than before, from the new operations lately introduced for their removal from the ovaries. When hydatids attack these parts it is known as ovarian dropsy. This subject will be fully discussed, and my mode of treatment explained, in the tenth edition of my work on "Diseases peculiar to Women." I would merely remark here, that any operation for the removal of a cystic tumour, especially if multilocular, and if adhesions have taken place, should be considered very carefully before commencing. The operation is in itself very simple, and nothing but what any qualified surgeon might attempt, if it were not for the fearful consequences that so frequently follow within a few hours of the operation,—the death of the patient. The proportion of cures after operation, in the published statistics, is seemingly great, but it is not a fair one. For, owing to the difficulty in diagnosing these cases, even the most eminent surgeons are very frequently mistaken as to the character of the disease. Therefore, supposing *one hundred* cases are operated upon, presuming that they were all cases of ovarian dropsy before operation, yet only *sixty* of them really turn out to be true cystic tumours; then the forty inadvertent mistakes in which other forms of tumour were present, although they had been operated upon,

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and perhaps all since then have died, in the statistics of ovariotomy are overlooked, and only the *sixty* mentioned; and of these perhaps forty were successful, and twenty fatal. Thus the statistics will not show the one hundred cases in which sixty per cent. proved fatal, but only the sixty cases, of which two-thirds survived. This statement is no exaggeration, it is what is daily done to prove the success of a favourite hobby. I will, however, discuss this more fully elsewhere.

VI. THE ENCYSTED TUMOUR, OR STEATOMA.

An encysted tumour consists of a secreting cyst, which may be either degeneration of original structure, or adventitious. These tumours frequently are formed by the gradual accumulation of secretion in a duct or cyst, whereby the walls are distended, and hypertrophied. Again, they may be produced by the formation of a closed cyst on the cellular tissue, increased by the secretion produced by the lining membrane of the cyst. They feel smooth and regular, very moveable. The colour of the skin remains unaltered; it has but little sensibility, and therefore painless, and is always accompanied by a distinct firm membrane, composing the sac or sheath that invariably surrounds these tumours. They are not so liable to degeneration as many other forms of non-malignant growths. They are found in the cellular tissue of the scalp, back of the neck, shoulders, breast, nates, thighs, also, though more rarely, in the internal organs. These steatomata are filled with a soft cheesy

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matter; and pieces of bone, hair, and other extraneous substances have been found in them. They are very frequently met with in the scalp, and are commonly known as wens. In some cases they are hereditary, some families for generations having crops of them in the scalp. They are usually of slow growth, and if not irritated, seldom ulcerate; but if irritated, ulceration does take place, when they may degenerate into the malignant type. The usual operations performed are either those of evulsion or excision. When very small, I generally with one incision cut through the integuments, laying bare a portion of the steatoma with its sheath or covering; this I grasp with a pair of forceps, and raise it out of its bed (great care should be taken that the whole of the sac be removed); the hemorrhage and pain is but trifling. A compress, kept wet with cold water, generally heals the wound in twenty-four hours. However, should the steatoma be large, then I generally cut into it, and remove as much of the contents of the sac as possible from the cavity, which I fill with cotton wool besmeared with the enucleating paste. This destroys the sac completely, which soon sloughs away, and a radical cure is quickly effected.

Again, irritation may produce ulceration in these growths, especially in the scalp; and this ulceration generally assumes a semi-malignant type. This sequence of a simple tumour is not uncommon in the scalp, especially in ladies, where the brush and comb keep up constant irritation. In these cases I simply enucleate the parts, removing all disease, and the sore, as a rule, heals rapidly and kindly.

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If every particle of the sheath or lining membrane be removed, humanly speaking, there is no probability of recurrence of the disease.

MR. ——, aged 35 years.

(*Case of Steatoma of the Scalp—cured.*)

This gentleman called on me on 2nd February, 1867; there were three wens on his scalp, of small size. They caused no pain or uneasiness, but having read some medical work on the subject, he had made up his mind to have them removed. Being small, I quickly performed the usual operation, by making an incision, exposing the sheath, and removing it carefully without rupturing it, or allowing its contents to escape. Within a quarter of an hour the gentleman left my rooms without his tumours.

MISS ——, aged 47 years.

(*Case of Steatomatous Tumour on Nape of the Neck—cured.*)

This lady called on me in April, 1858. She had been troubled with a large tumour on the back of her neck; it caused no pain, neither had it grown, but it was troublesome. I advised its removal, which I accomplished by enucleation. In these cases the operation is only carried so far as to destroy the cuticle; this is then divided, the contents of the sac evacuated, and their place filled with cotton wool smeared with the enucleating paste. This destroys all the sac or sheath, which is soon sloughed off, and the healthy sore remaining rapidly heals.

I could quote many similar cases, but surely in such a comparatively trifling disease two cases to show my usual operations are ample.

VII. THE SCROFULOUS OR TUBERCULAR TUMOUR.

In scrofulous or strumous habits there is always a tendency to deposit tubercles, generally in the glandular structures, especially in the lymphatics. Tubercles, however, are found in all parts of the body, as in the brain, periosteum pleura, but espe-

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cially in the lungs, for seldom are tuberculous deposits in the breast, testes, or a joint, without a similar deposit being in the lungs.

Before considering these tumours, it will be necessary briefly to explain the nature of scrofula. According to Mr. Simon, "Scrofula is a disease of the lymph, or nascent blood. It is a 'dead concretion,' a fibriniform product, unsusceptible of development." Again, Mr. Simon states, 'The scrofulous diathesis consists in a peculiarity of blood development, under which the nascent blood tends to molecular death by superoxydation." Professor Miller's definition of scrofula is: "The term scrofula is usually applied to a constitutional affection, occurring, for the most part, in early life, of essentially chronic development, and characterized by a tendency to various destructive diseases of the bones and of the joints; often accompanied by enlargement of the lymphatic glands, and by disorganizing affections of the skin and mucous membranes, occurring either separately or together, and without obvious or adequate exciting cause." Professor Erichsen states: "By scrofula is meant a peculiar constitutional condition, either hereditary or acquired, that leads to the formation of, and in its full development is characterized by, the presence of tubercle." It is only when fully developed that scrofula gives rise to the local deposit of tuberculous matter. Scrofula is a perversion of the nutrition of the body.

In a word, in scrofula the secretions of nutrition are perverted, and those tissues of low vitality, as the bones, joints, and lymphatic glands, are more liable to its attack than other parts. The scrofulous dia-

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thesis is generally well marked; it occurs in two types of two forms, the blonde and the brunette, either as the fine or the coarse. In the fair, the first, or fine, form presents a clear, soft, semi-transparent skin. The eyes are blue, with large pupils, the whites being of a pearly whiteness; tapering fingers, and light hair, with clear white-looking teeth; generally accompanied with great gracefulness. In this form the powers of the body in early youth are strong, the mind active and vigorous, with great vivacity of manner. In the other form—viz., the coarse type of the fair scrofulous temperament—"the skin is coarse, with round, bluff features, light gray eyes, curling light hair, short in stature, the fingers being short and stumpy, generally accompanied in youth with great mental vigour, and often with great muscular strength. Debility, therefore, is no evidence of the presence of scrofula. The second type is that in which it occurs in the brunette or dark. In the first form we find clear dark eyes, fine black hair, yellow sallow complexion, fine tapered fingers, mental activity, with graceful movements. In the second form the expression is forbidding, the eyes dark and heavy, the hair is curly, the stature is under size, generally possessing great muscular vigour; the fingers are short and stumpy, the skin yellow and coarse. In all scrofulous persons the digestive organs are invariably found to be weak and easily irritated; indeed, gastric irritation is almost always present, producing that pervertion of nutrition, the source of this disease. This pervertion of nutrition may arise from many causes. In the rich, from high living and the too free use of stimulants,

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inducing irritation of the mucous membrane of the stomach, and consequently pervertion of nutrition. Again, among the poor, it frequently arises from the food containing but little nutriment, insufficient in quantity, combined with an impure atmosphere. To these latter causes, must be attributed the prevalence of scrofula in large towns, where the poor are crowded together. In the majority of cases of scrofula, the liver will be found to be inactive, the tongue, especially at its roots, covered with white fur. In the blonde type the bowels are generally loose, even approaching to habitual diarrhœa: in the brunette, they are generally confined. If scrofula occurs (unless arrested by proper treatment in the earlier stages) it sooner or later developes tubercles, which are deposited in various tissues of the body, in the testes, brain, secretory, and lymphatic glands, skin, lungs, &c." It is with this form that we have to do with at present. Dr. C. J. B. Williams describes a tubercle as "a degraded condition of the nutritive material, from which the old textures are renewed and new ones formed; and it differs from fibrine, or coagulable lymph, not in kind, but in degree of vitality and capacity of organization."

Professor Miller, in his work on "The Principles of Surgery" (3rd ed., p. 285), describes tubercular or scrofulous tumours "as occupying a middle place between the simple and malignant formation. The constitutional vice is that of scrofula. The peculiar deposit is tubercle; in the first instance probably interstitial; subsequently accumulating in masses of considerable size."

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Again, Professor Miller (*idem*, p. 286) states: "The tubercle is at first crude, and perhaps remains so for a long period, either stationary or gradually increasing in bulk; then suppuration takes place, slow and imperfect; envolvement of the integuments follows, with opening and discharge, and, lastly, the ordinary characters of a scrofulous sore are observed."

Scrofulous disease more frequently attacks the lymphatic glands than any other part, excepting those of low vitality, as the bones, more especially their joints. The mammæ, being well supplied with lymphatics, are therefore no uncommon seat for tuberculous deposits. They generally manifest themselves in the form of a small tumour, sometimes superficial, at other times deep-seated; or the whole of the gland may become scrofulously enlarged. This may remain dormant for a long time; the skin remains as before, without change; the tumour is moveable, having a soft feel. The peculiar cachexy of scrofula is present. As the disease progresses, the skin covering the tumour becomes discoloured, of a dirty reddish colour. Attempts to suppurate are made, but imperfectly; a portion of the skin over the tumour becomes thin; at length it breaks, with jagged edges, and with a discoloured margin around the opening. The discharge is thin, serous, and mixed with flocculent matter—the great peculiarity of this ulceration being its tendency imperfectly to heal or close.

Scrofulous or tuberculous tumours should never be removed by any operation, because, in scrofulous habits, if tubercles have been deposited in a gland

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or other tissue, we are not sure but that similar tubercles have been deposited in other and more vital organs, as the brain, lungs, &c. It is therefore very evident, if such should be the case, that on removing the local tumour, a stimulant would be given to those deposited in more dangerous parts, causing their rapid increase, only ending in the death of the patient. However, there are many circumstances that may render it absolutely necessary to remove a diseased part, as in scrofulous necrosis of a bone, especially if the disease has attacked the extremities; for when a bone is completely destroyed by scrofula, its removal is imperative, otherwise the constant discharge, and the continued local irritation, must induce, sooner or later, hectic and death. For example, in 1853, the parents of a girl of fourteen years of age brought their daughter to me, who was suffering from scrofulous ulceration of the meto-carpal bones of the left hand. These bones were all extensively diseased; hectic had set in, and the only hope of saving the young girl's life was by amputation. This I performed; the stump healed kindly, and by judicious nourishment, medicines, and other hygienic means, the young lady not only recovered, but seemed to outgrow the scrofulous tendency; for, when I last saw her, some twelve years afterwards, she was then quite well, and had a healthy appearance. In this case no hereditary taint could be traced, the disease being owing, in my opinion, to the difference in age between her father and mother—the one being an old man, the mother being comparatively a young woman: for it is

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admitted by most surgeons, that when great disparity exists between the ages of the parents, the offspring is liable to be attacked by scrofula. The means recommended by the members of the profession are many. In the first stage attempts to absorb the tumour are to be made. Iodine and its preparations are the favourite topical applications. Iodine, iron, change of air, sea-water bathing, cold and tepid, nutritious but non-stimulating diet, are the usual means employed. The treatment in these cases that I have found to be most successful is, in the first instance, to pay attention to the patient's diet. This should be of the most nutritious kind, avoiding overloading the stomach. I prescribe some of the Hungarian wines, especially those imported by Mr. Max Greger, as being probably the purest, and most to be relied upon. Of these Carlowitz and Tokay are to be preferred.

If the tumour is not ulcerated, I generally apply an ointment, composed of the ung.-cetacei and the muriate of hydrastia, varied by the iodide of lead. If ulcerated, I use lotions prepared from some of the vegetable alkaloids, as phytolaccin, or myricin, corydalin, or some other of the alkaloid preparations. Internally I administer decimal dilutions or triturations: sometimes a trituration of corydalin is found of great use; in other cases I have derived benefit from the Chimaphila umbellata. Rumex crispum and hydrastis are often useful. In all scrofulous cases the liver is always more or less affected. Then small doses of the first or second decimal dilutions of podophyllum, leptandrine, juglandine, &c., will obviate the difficulty.

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Great attention should be paid to the digestive organs: hydrastis, ac.-nitr., ac.-phos., Veratrum viride, cod-liver oil, glycerine, &c., are all valuable and powerful remedies. To these are added cold-water bathing, early rising, daily exercise, not a too luxurious couch, well-ventilated rooms, especially the bed-room, &c. If one of the bones of the extremity, as a finger or toe, should be attacked by scrofula, before ulceration takes place much may be done to restore it to the normal state; but, if ulceration and exfoliation once take place, then, notwithstanding the risk of exciting the disease, if deposited in other organs, I would recommend amputation of the diseased part.

This disease being of such frequent, nay, almost of daily, occurrence, I have met with many cases of it during the last sixteen years; and having briefly detailed my grounds of practice, the recapitulation of cases would only weary and tire my readers. I, therefore, proceed at once to consider the eighth and last division of simple tumours, those dependent on disease of the blood-vessels.

VIII. HEMORRHOIDAL, OR BLOODY TUMOURS, OR PILES.

Piles are a diseased state of the veins of the submucous, and sub-cellular tissue surrounding the anus, giving rise to swelling and tumefaction of the parts. They are commonly divided into the "external or blind piles," and into the "internal or bleeding piles." The first never bleed, the second generally do. The blind pile at first causes only uneasiness; and feelings of fulness, heat, and

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discomfort are felt about the parts. On examination a cluster of small tumours will be felt, like currants or grapes, surrounding the anus. On pressure they are easily emptied, but if inflammation sets in, the fluid blood becomes coagulated, and the adjacent tissues are thickened and hardened by the infiltration of plastic lymph. These piles must not be mistaken for a varicose condition of the submucous and sub-cellular veins; for in varicose, the veins are seen, and felt to be enlarged and tortuous, but the grape-like tumours of a purplish colour are absent. After inflammation has occurred, external piles, now hard and unyielding, cause excruciating pain when at stool, especially when the fæces are hardened; indeed, the pressure exerted to evacuate the harder fæces not unfrequently gives rise to either fistula, or fissure of the anus. The pain produced by these external piles is at times excruciating, and is not only confined to the piles themselves, but shoots up the rectum, the perinæum, and the nates, affecting the right side, even as far as the lower ribs. This may be accounted for, in part, by the fact that these veins convey their blood in a great measure through the medium of the great hemorrhoidal vein, which empties itself into the inferior mesenteric vein, and from thence into the great hepatic, circulating through the vena porta. A small portion of the blood, however, is conveyed into the internal iliac vein, from the branches of the middle hemorrhoidal vein. This vital circulation, therefore, cannot be interrupted without giving rise to great constitutional disturbance, especially when the circulation of the liver (portal) is interfered with.

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The internal, or bleeding pile, is situated within the rectum: it may be immediately above the sphincter, or two or three inches beyond it. These piles are divided into two classes, viz., the longitudinal and the globular pile. The longitudinal or fleshy pile is found within the sphincter, ani muscle, about an inch or two higher up. It is elastic and spongy, with a broad base tapering upwards, and generally surrounded, and partially covered, with folds of mucous membrane. It seldom or ever bleeds, but gives rise to a sensation of heat, pricking fulness, and discomfort. The second, or globular pile, is the most frequent form of internal piles met with. In the first stage it appears as a small shining excrescence, or tumour, attached to the mucous membrane, above the sphincter-ani muscle, and is covered with a thin fold of the membrane. In time, owing to the passage of the fæces, especially if they are hard, its attachments become elongated, blood-vessels are found ramified on its surface, and a small artery may be detected in its centre. When ulceration takes place, which, sooner or later, always occurs, the shining membrane becomes destroyed, and the tumour presents a rough raspberry-looking appearance. When hemorrhage occurs, at first it is moderate in quantity—perhaps only a few drops when at stool, which, instead of producing any discomfort, afford relief. At each stool the quantity may increase, until the discharge becomes alarming, the constitution becoming permanently and seriously affected. These discharges of blood are not always continuous; they may be periodical, only occurring now and

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then, increasing in quantity for the first three or four days, then gradually lessening, until the discharge ceases for a time, which may be for a week, a month, six months, or even for a year. Some people consider these periodical losses to be beneficial. They are at variance to nature's laws, and therefore, sooner or latter, if not arrested, must produce serious consequences. In a few cases, this hemorrhage occurs only once in a lifetime. This, however, is exceptional; for, as a rule, if hemorrhage once takes place from the rectum, if not radically cured, it is almost certain to recur in an aggravated form. The amount of blood lost from this disease is sometimes enormous. Conarius (*Observ. Med.*, 26) mentions the case of a gentleman, "who lost two pounds of blood from the nose, and six pounds in each of the four following days from the anus." Pomme, *Traités des Maladies Vaporeuses*, gives the case "of a man, thirty-six years of age, who during a month lost nearly a pound of blood daily, which was followed by colic, pains in the face and extremities." Mons. Lanzoni (*Consult. Med.*, 97 oper., t. ii., p. 203) cites the case of a priest, who daily passed a pint of blood per anum. In those cases where much blood has been lost, the expression of countenance becomes haggard, and assumes a peculiar waxy appearance. The action of the heart, on the slightest exertion, is quickened and irregular, giving rise to a fear that the heart itself is diseased. Giddiness and drowsiness are frequent symptoms—the tongue becomes dry and furred, the urine dark and scanty; pain is felt in the region of the kidneys and liver, the pulse becomes quick and weak, anxiety

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and irritability of the nervous system, caused from loss of blood, are set up; and the patient, unless speedily relieved, sinks through exhaustion. In piles, excepting in the first stage, there is always more or less watery or mucous discharge, wetting and soiling the linen, and causing annoyance to the sufferer. Sometimes this discharge is only exuded when at stool, but more frequently when taking exercise, as walking, riding, or driving. Sooner or later it causes excoriation and inflammation of the external parts. Internal piles are liable to be protruded through the anus from prolapsus of the bowels; and the fæces, especially when hardened, force the tumour, with the mucous membrane to which it is attached, before them. At first the pile and bowel return of themselves, but soon pressure is necessary to return them. Sometimes this becomes impossible, the gut and tumour becomes strangulated, either through constriction of the sphincter, or from sudden engorgement of the vessels. Unless speedily relieved, mortification may take place, which will terminate either in a radical cure, by the pile sloughing off, or the life of the patient may be endangered.

Piles rarely attack the young; they are most commonly met with it in the middle-aged and in the aged. Cases are, however, on record, where children have suffered from this affection.

Many circumstances may give rise to hemorrhoids. Sometimes a hereditary tendency exists, but not often. Those of a full body and of sedentary habits are liable to this form of disease. Medicines producing irritation of the bowels are a fertile source of

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piles, as the continued use of drastic purgatives, as the black draught, aloes, gamboge, Epsom salts, &c. Habitual constipation is not uncommonly an exciting cause. Debility and relaxation of the muscular tissues of the body, whether induced by residence in warm or variable climates, severe illnesses and other causes, all tend to produce piles. The increased pressure on the veins by the uterus of the female during pregnancy frequently causes hemorrhoidal tumours.

Such is a brief description of the real nature of hemorrhoids—a very serious disease, and one that, if neglected, entails grave consequences, even endangering life. This disease is too frequently neglected, such neglect arising either from indifference or ignorance of the danger incurred, or from modesty from the situation of the parts affected, or from the fact that some of the symptoms are so severe in other parts that the attention of the patient is called away from the primary cause to the secondary effects.

I shall now examine the means usually employed for the cure or relief of hemorrhoidal tumours. These are divided into the constitutional, the local, and the operative treatment.

THE CONSTITUTIONAL TREATMENT OF PILES.

The surgeon should first direct his attention to remove the primary cause (as constipation), which, if relieved, will sometimes alone remove the difficulty. In the greater number of cases, obstruction of the bowels will be found to be the exciting cause, accompanied with a full or plethoric state of the

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system; in these cases, it is recommended by Allopaths to reduce the amount of nutriment, and enforce abstinence from all stimulants. The bowels are to be freely moved by laxatives and emollient enemata. Blue pill, with ipecacuhana, or the hydrargyrum cum cretâ, are recommended at bed-time, to be followed by a purgative draught the following morning. Epsom salts or an electuary of senna, with powdered jalap, ginger, tartrate of potash, and syrup of tolu, with other nauseating mixtures, are prescribed by some. Others again prescribe more disgusting mixtures, as balsam of copaiba in large doses. Diaphoretic medicines are insisted upon by many, as the nitrate of potash, or the citrate, in camphor mixture; and so on. When the tumours are inflamed, local depletion is recommended. In those cases, however, where the strength of the patient has been previously reduced by illness or other causes, a tonic and nutritious diet is recommended, at the same time, the bowels are to be kept freely open. The following preparations or confections have been prescribed by celebrated physicians. Dr. Paris recomended the following—

℞ Confect. piperis nigr. ʒj
Assafœtidæ gr.v.
Syrupi zingeberis *q.s.*
Ut fiat electuarium idoneæ crassitudinis, bis quotidii sumendum.

Again, the celebrated Dr. Gregory was accustomed to prescribe—

℞ Confect. piperis nigr. ℈ij
Sulph. loti ℈j
Aq. cinnamon ʒxj
Misce; fiat haustus, mane sumendus.

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I might give many similar formulæ, but two are sufficient to show the usual prescriptions of the allopathic school; but in order to understand the variety of ingredients contained in these prescriptions, it is right that my readers should know what the confection of black pepper is composed of. It is sometimes known as Ward's paste, and is prepared as follows, viz.: Black pepper, lbj., elecampane, lbj., fennel seed, lbiij., white sugar, lbij.: reduce them to a very fine powder, and keep them in a very close vessel. When required for use, mix seven ounces of the powder with two ounces of honey. This is the preparation recommended by the Edinburgh Pharmacopœia. The Dublin Pharmacopœia, however, gives a very different formula, viz.: Black pepper and liquorice root, each half an ounce; refined sugar, one ounce; oil of fennel, half an ounce; clarified honey, two ounces: to be beaten and mixed well together. These very different preparations are known under the same name. *Is their action identical?*

These remarks are sufficient to show the usual constitutional treatment of piles by the allopathic school. The treatment adopted by the homœopathic physicians is eminently successful; indeed, in the first stage, constitutional treatment, if used with discretion and judgment, seldom fails to relieve and cure the patient. The first step in treating cases of primary piles that I adopt, is to remove, if possible, all exciting causes that may exist, and then to adminster those remedies which have a specific effect on the disease itself. In the majority of cases, piles are primarily produced by

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obstruction of the portal circulation, either from local pressure on the hemorrhoidal veins, or by an accumulation of fæces in the intestines. If local, it will be found to be mechanical; and, therefore, before relief can be hoped for, the pressure must be removed; but, if owing to pressure from an accumulation of fæces, these must be removed by gentle cathartics. Generally, I have found a few drops of the first decimal dilution, either of podophyllum, leptandrine, or juglandine, sufficient; but if after taking two or three doses, I find the bowels have not been freely moved, then I prescribe half a tumbler of Pullna water, to be taken tepid, which usually produces the desired effect. I prefer Pullna water in all these cases to castor oil, not only because it is less nauseating, but because the tendency to constipation that invariably follows the effects of castor oil is not produced. If the rectum and lower bowels are filled with hardened fæces, then an enema is necessary. For this purpose I prescribe about one pint and a half of thin oatmeal gruel, mixed with two tablespoonfuls of salad oil. This generally is sufficient alone to relieve the engorged veins. If not, then I prescribe a few drops of either the second, sixth, or twelfth decimal dilution of the Æsculus hippocastanum, or horse chesnut. (The medicinal preparations are usually made from the nut.) I have used this drug with marked success during the last four years in hemorrhoidal affections. Dr. Hale, in his "Homœopathic Materia Medica of the New Remedies" (2nd ed., p. 49), states (after detailing a number of clinical cases): "My colleagues and myself in

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this city have used the æsculus, with good results, in severe cases of piles. It seemed to act curatively in almost any attenuation." Dr. Richard Hughes writes, in the *British Journal of Homœopathy* (No. 92, p. 249): "My experience of it here [in hemorrhoidal affections] has been very satisfactory. I have found it curative in both acute and chronic cases. I often administer the decimal tinctures of the hydrastis in these affections, sometimes with marked success. Latterly I have used its alkaloid, hydrastia, not only internally, but also in the form of lotion applied to the parts. I can strongly recommend this preparation, not only for piles, but also for all inflammations of mucous membranes."

Again, I have found the Collinsonia canadensis of much use in many cases; in others it has proved inert. If fever runs high, or there is much inflammation around the anus, in the primary form of the disease, I have been enabled to arrest it by administering a few drops of first or second decimal dilution of the Veratrum viride every hour, applying at the same time cloths dipped in a lotion prepared by mixing one teaspoonful of the concentrated tincture of the Veratrum viride in half a pint of cold water. It will be found, that in the majority of cases of piles, whether external or internal, these remedies will produce speedy relief and abatement of the disease—effects very different from those of either confections of black pepper, electuary of senna, or the powdered jalap and ginger so frequently recommended by members of the older school of physic.

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THE LOCAL TREATMENT OF PILES.

The local treatment of piles mainly consists in bathing and keeping the parts clean, and free from everything that might cause irritation. Some physicians and surgeons recommend various unguents and medicaments with which to smear the parts. The best of these is the unguentum opii et gallæ of the pharmacopœia. Others again use suppositories. These I consider to be objectionable, often giving rise to serious difficulties. Others again recommend astringent injections, especially in bleeding piles. When topical applications are necessary, I have generally found that cloths dipped into a very weak solution of the muriate of hydrastia, of the temperature of about 90° Fahrenheit, are the best, giving the speediest relief. In the majority of cases, however, I have not used these applications, the Æsculus hippocastanum being alone sufficient.

THE OPERATIVE TREATMENT OF PILES.

I believe all surgeons have agreed that "no internal pile should ever be removed by the knife, and that no external hemorrhoid should ever be tied by ligature." In cases where external piles become troublesome, the knife is the best instrument for their removal. To ligature an external pile would not only cause excruciating agony, but erysipelatous inflammation would be probably set up, which might endanger life. Surgeons advocate different methods of operating in external piles; some insist on the advantage of transfixing the base of the tumour with a bistoury, and then cutting outwards, thereby sepa-

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rating one half from its attachment to the parts, and immediately afterwards to divide the other half. Others again think that the simpler and quicker the tumour is removed the better; therefore they detach it by one sweep of the knife. I very rarely find it necessary to remove external piles, but if I am obliged to do so, I invariably adopt the latter and simpler operation—dividing it by one cut. External piles rarely bleed much when cut, and the wound, as a rule, heals without difficulty. Operating surgeons are not agreed as to when an operation should be performed. Some advocate the propriety of operating immediately, even before other means are tried; others again state "no operation should be performed whilst the pile is in an inflamed state." My judgment certainly coincides with the latter opinion, for surely every means should be first tried, before having recourse to mutilation, for even exsecting a pile mutilates more or less.

The operations recommended for the treatment of internal hemorrhoids are two, viz., by the ligature or by caustics. It is now an axiom in the profession that "internal piles should never be excised." Indeed, several valuable lives have been lost from exsecting internal piles. The ligature is the method of operating generally adopted at present. It is done by tying a strong waxed ligature around the base of each pile as tightly as possible, thereby arresting the circulation, when they slough, and are thrown off. Again, surgeons differ as to how this simple operation should be performed. Some recommend merely tying them around their base; others urge that the base of the

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tumour must be pierced with a needle armed with two distinct ligatures, thereby causing strangulation. If the pile be at all large, this is the preferable operation, for the single ligature is very apt to slip, rendering the operation nugatory. Ligaturing piles may seem to be an easy and simple operation, but from their situation, it requires some little dexterity to do it properly. It is tolerably successful, but not altogether unaccompanied with danger: for it is not unfrequent, that when a pile is situated on the anterior portion of the rectum and is strangulated by the ligature (more especially should a portion of the bowel be included within it), considerable constitutional disturbance may arise, inducing inflammation of the bladder, retention of urine, and other serious and dangerous difficulties. The operation, therefore, of removing piles is not unattended with danger.

Caustic, as a means of effecting a cure in piles, has many advocates, nitric acid being the caustic usually employed. I believe it was introduced some years ago by Messrs. Houston and Lee. In many cases, more especially in granular piles, it has proved successful, but not invariably so. There is some danger in applying the acid within the bowels; it is difficult to confine it to the tumour alone, for it frequently spreads upon the mucous membrane, giving rise to inflammation and sloughing of the part. Should the hemorrhoid be in the anterior portion of the rectum, and should the acid touch the bowel, not only may severe constitutional irritation be set up, but, what is worse, a recto-vesical fistula may be established. Nitric acid is the

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caustic generally used in this country and in America. The actual cautery (red-hot iron) has been employed by Professor Jobert de Lamballe, in his wards at the Hôtel de Dieu, Paris. He also employs the Vienna caustic, which, being deliquescent, must run over and destroy the healthy gut. The introduction of a hot iron, even although protected by a speculum, into the rectum, must be attended with no little danger. Such rash operations, I am satisfied, will never be countenanced in this country.

The treatment I have now adopted, after operating in many cases by ligature and the application of nitric acid, is to destroy the pile by injecting its substance with a solution of the persulphate of iron. This agent, when thrown into the pile, destroys its structure, unaccompanied with pain; the blood-vessels on which its existence depends are destroyed, and in a very short time the tumour sloughs off, and the small ulcer speedily heals. A little experience is required to do this. My first step, if the piles are situated some distance beyond the sphincter, is to paralyze the sphincter-ani muscle. I perform this simple operation by inserting the thumbs of both hands into the anus, passing them beyond the sphincter. I then, with steady force, gradually over-stretch the muscle towards the tuberosities of the ischium; some of its fibres will be felt giving way. This extension is continued for from three to five minutes, when, on relaxing it, the muscle will have become for the time paralyzed—in a word, its power of retraction, for a time varying from eight to ten days,

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is lost.* I then seize the pile, and, by means of a hypodermic syringe, armed with a long hollow needle, I inject into the centre of the tumour a drop or two of the persulphate. The moment this is done the shining purplish-red tumour changes to a dull yellowish hue. The needle is withdrawn; neither blood nor any of the persulphate escapes from the small wound. No pain is felt, and in a few days the tumour sloughs. If more than one pile be present, each must be injected separately. This simple operation at once destroys the diseased vein. The adjacent structures can never be injured; for, supposing some of the persulphate should escape, it would not affect the adjacent healthy mucous surface. No inflammation is set up; therefore there is no danger arising from constitutional disturbance; and, further, in true internal hemorrhoids, it is invariably successful, never requiring a second operation, which all sufferers dread so much. Surely such a simple and effectual operation is preferable to those in which not only much doubt exists as to their success, but which are seldom unaccompanied with suffering and danger. In those exceptional cases where piles arise during preg-

* I believe the operation has been proposed by Mons. Recamier, of Paris, when I am not certain. Dr. Van Buren, of New York, in 1865, published an article entitled "Contributions to Surgery" (published by J. B. Lippencott and Co., Philadelphia), in which he claims to have cured several cases of fissure and irritable ulcer of the rectum by paralyzing the sphincter-ani muscle. He dates his first case in 1861. My first operation of the kind was performed in 1854, seven years before Dr. Van Buren attempted it. Whether Recamier's first operation was prior to mine, I do not know, Dr. Van Buren merely mentioning the fact in his monograph.

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nancy, from the uterus pressing on the hemorrhoidal veins, of course these modes of treatment are inadmissible and unjustifiable. In these cases the hemorrhoids are caused by a mechanical difficulty, and, until that difficulty be removed in due course of time, we cannot expect permanent relief. These cases, however, are not to be neglected, as much can be done to mitigate the discomfort and suffering that usually accompany this form of disease. In such cases I pay particular attention to the state of the bowels, taking care that no fæces accumulate in them. Bathing the parts with a weak solution of the muriate of hydrastia is of great use. If the parts should become excoriated, then an ointment composed of one grain of the hydrastia to the ounce of lard generally affords relief, or the old unguentum opii et gallæ of the pharmacopœia is frequently useful. Those hemorrhoids caused by pregnancy or displacement of the womb are generally external, but not always so. In these cases, no cure can be expected until the mechanical pressure is removed, either in the course of nature or by other means. Although I could cite many cases illustrating these facts, yet space forbids; and my explanations have been so explicit, that I consider it quite unnecessary.

FISSURE OF THE ANUS.

As this disease is in a measure connected with hemorrhoids, for they frequently accompany each other, I next proceed to consider it.

There is probably no disease of such seeming insignificance in itself, that is attended with so much

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suffering. It is sometimes, and not unfrequently, complicated with piles; at other times it may be accompanied with an irritable ulcer, which feels of a velvety softness, giving rise to acute pain when touched. A fissure of the anus seldom extends beyond the mucous membrane, and feels harder than the adjacent structures. It is oftener met with in the female than in the male. In the former it has sometimes been mistaken for uterine disease. When it occurs in the male, it will be found, in the majority of cases, that the sufferer has either resided for a time in warm damp climates, or that his strength has been reduced by recent severe illness, or from continued hemorrhoids. The young are seldom afflicted; but it is not unfrequently met with in the middle-aged and the old. The symptoms attending this disease are so well marked, that it is surprising that its nature should be sometimes mistaken. The pain is by no means continuous, but either when at stool, or very shortly afterwards, the suffering is most excruciating, often continuing for hours at a time, not only affecting the gut, but being severely felt in the hip and down the legs. The evacuations frequently are covered with streaks of blood and mucus. More than one fissure may be present, and more than one ulcer, and although not always suffering pain, still a sense of uneasiness is always present.

The treatment advocated by the most eminent surgeons is to divide the fissure with a bistoury. In addition to this, others, as Mons. Boyer, recommend the division of the sphincter muscle at the same time, and I believe the opinion of these

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gentlemen to be correct, provided the muscle could not be paralysed; for it certain that the exciting cause of many of the diseases of the rectum is the constant contraction of this muscle, and that until rest is given to the diseased parts, neither can the fissure nor ulcer heal. This is an admitted fact, for many writers on this disease have remarked "that the sphincter muscle is always much excited, and in a state of constant action." Bearing all these facts in mind, I was led to adopt the simple and rational remedy of paralyzing the muscle. For many years my thoughts had been turned to this subject, but it was not until the year 1853 that I completed the plan of the operation which has been so successful in many cases. The great difficulty was to devise some means to prevent the action of the sphincter ani muscle without dividing its fibres with the knife: it then occurred to me, that when a muscle is overstretched, it becomes for the time being, and for a considerable time afterwards, paralyzed; as, for example, when the shoulder is dislocated, after it is reduced, the four muscles that retain it *in sitû* are so paralyzed, that unless supported, the head of the bone would be speedily drawn from its socket by the mere weight of the limb; and I thought that the sphincter ani, if overstretched, would be paralyzed like other muscles; and if this could be accomplished, then all that could be obtained by dividing the sphincter by incision, and rest, complete rest, to the parts would be given, and a severe and dangerous operation avoided. The results were beyond my most sanguine expectations; for not only

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is the muscle paralyzed, but in the act of over-stretching it I invariably feel the fissure itself giving way, being torn to its base; it then speedily heals, being at rest, free from all contraction or irritation. The cure in every case I have treated in this manner has been completely successful, and, what is of great consequence to an enfeebled constitution, it has been always unattended by pain.

Mr. ——, aged 61 years.

(*Case of Fissure of the Anus—cured by paralyzing the Sphincter Muscle.*)

Has been long in delicate health. He had suffered from bleeding piles for some years, but was operated upon about six months before. His physician, Dr. ——, called me in a consultation. He suffered excruciating pain after stool, commencing generally about ten minutes or a quarter of an hour afterwards. This pain continued from four to five hours. He dreaded going to stool, and always put it off as long as possible. On examination found a fissure in the posterior part of the rectum, commencing at the anus, and running upwards, about two inches in length. A nasty soft ulcer was detected immediately within the sphincter, which, when I touched it, caused great suffering. The case being one of decided fissure of the anus, not irritable ulcer, his physician consented that an attempt should be made the following day, 13th July, 1857, to paralyze the sphincter. Two o'clock was appointed, and he was desired to take a very light breakfast in the morning, and to empty the bowels by means of enemata about noon, and then to get to bed. His surgeon administered chloroform, and I then introduced both thumbs into the anus, and by steady extension brought them in contact with the tuberosities of the ischium. In stretching, I felt the fibres of the fissure giving way, tearing, with a slight flow of blood. Extension was kept up for about five minutes, when the patient was placed in bed. A little aconite, and mercurius were given in alternate doses during the afternoon, and the next day he was free from all pain, and before the sphincter resumed its functions, he was quite well.

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In paralyzing the sphincter-ani muscle, I was at first afraid that the motions would pass involuntarily; this, however, is not the case, for in all the cases in which I have performed the simple operation, no difficulty has arisen from doing so. If thoroughly paralyzed, it remains so, from eight to twelve days, when its normal functions are restored, so that in cases of fistula it is sometimes necessary to overstretch the muscle three or four times, before a cure is effected.

I shall now consider the last subject I will discuss in this paper, viz., fistula in ano.

Two years ago I wrote a brief monograph on this interesting subject. Since then my experience has been much extended, having, during these two years, had some thirty additional cases under my care, which have satisfied me, from the success I have had, that my original theory regarding the proper treatment of this disease is correct. I shall, therefore, transcribe what I had formerly written two years ago.

FISTULA IN ANO.

A fistula is an abnormal sinus or opening, between two parts, lined with a pyogenic or pus-forming membrane, more or less cartilaginous in its structure, which constantly exudes pus or mucus, preventing the walls of the cavity, when brought together, from healing. Fistulas are found in all parts of the body, and are either the results of inflammation, and suppuration caused by injury, such as a blow, a fall, or of cold or exposure, as a salivary fistula may result from a wound of

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Steno's duct, or may be caused by inflammation and suppuration of a salivary gland, caused either by cold or an injury, or a blow; the abscess either opens itself externally, or it is opened by the surgeon; and if the latter delay too long in doing this, then a fistula is formed, and the saliva trickles down the cheek. A fistula may also be the result of inflammation of the periosteum, and exfoliation of the bone. This may occur in any portion of the body, over a bone. I have met with them in the scalp, the jaw, the spine, the anus and legs, the ribs, and the sacrum, all the result of injury, generally occurring in the scrofulous diathesis.

Again, vesico-vaginal fistula, that is, a communication between the bladder and vagina, as a recto-vaginal fistula is a communication between the rectum and vagina, are both the results of inflammation and sloughing, generally produced by prolonged labour, the child's head being allowed to press too long on one part; but these two forms of fistula may result from other causes than those produced by childbirth. It is not my intention here to describe these forms of the disease, which are fully detailed in the tenth edition of my work on "Diseases peculiar to Women," but will confine myself to my new mode of treating fistula in ano. The anus is peculiarly liable to this form of disease, from the large quantity of cellular tissue and number of veins which surround it. There are many accidents that may give rise to fistula in these parts; among the more frequent may be named abscesses,

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the result of an injury, as a fall, a kick, or it may be produced by ulcerated piles, or it is a frequent sequence of ulceration of the gut itself. I may here remark, that there are two forms of ulceration which the intestine near the anus is liable to, viz., "The irritable ulcer of these parts, which is frequently mistaken for, or complicated with, fissure of the rectum, but which in fact is the irritable ulcer. This painful form of disease is known by its not causing so much pain during defecation as the excruciating agony immediately afterwards, and which generally continues for several hours; indeed, so dreadful is the suffering, that every effort is made to delay going to stool as long as possible. The second, and more frequent, is the simple or painless ulcer, which often exists for a long time without its existence being suspected or known; it is from this form of ulceration that fistula is frequently produced, from the constant contractile action of the sphincter-ani muscle; it never of itself heals, it gradually burrows deeper, a small particle of feculent matter is lodged in its centre, irritation is thereby set up, suppuration occurs in the cellular tissue, great pain, heat, and swelling of the parts occur. It may open externally in the integuments, thereby forming a perfect fistula, or the inflammation may subside and the matter discharged through the centre of the original ulcer, giving rise to an imperfect fistula; for fistulas are known either as perfect, or those having an external and internal opening, and the imperfect, which may be either an imperfect internal fistula, *i.e.*, a fistula having

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only one opening, perforating the intestine; and the imperfect external fistula, where the opening is in the integument, and has no connexion with the gut. This latter form is but rarely met with, as either sooner or later a communication is made internally, and it becomes a perfect fistula. The external fistula is generally caused by an injury, as a kick or fall. Inflammation arises in the cellular tissue, matter is formed, and if not deep-seated, it gradually makes its way to the surface, giving rise to external imperfect fistula. These incomplete fistulas are generally known as "blind fistulas." Ascaris vermicularis, or the thread-worms, that are frequently found in such numbers in the rectum, not unfrequently give rise to fistula from the irritation they provoke; also the use, or rather abuse, of drastic purgatives, which are so frequently cruelly administered to children, is another fruitful cause, of not only fistula, but of other diseases in these parts; indeed, I have met with more than one case of cancer of the rectum, the exciting cause of which was the too free use of these drastic poisons.

Among other causes of fistula, writers on the subject name, "puncture of the intestine by fish-bones." And several cases are recorded in which persons having swallowed fish-bones, they have in their passage through the rectum punctured the gut, giving rise to fistula. I have never met with such a case myself, but can easily believe it to be quite possible. Fistulas do not always consist of one sinus, but often there are several, with one or

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more openings; nor do they always run in a straight line—frequently their course is tortuous; and this adds to the difficulty of their treatment.

The symptoms of fistula in ano in the first stage are heat, tumefaction, and pain in the parts; but when the fistula has been established for a length of time, then the feeling is not that of acute pain, but there is a sense of uneasiness about the anus, pains in the back and loins, and down the legs; the linen is soiled with the muco-purulent discharge, keeping it wet and giving rise to much irritation. If either opening should become plugged with a piece of pus or mucus, an abscess is formed by the accumulation of the purulent discharge, great heat, swelling, and pain around the anus is felt; and if its internal orifice is intact, the purulent discharge on the fæces is increased. When the abscess is opened, either by ulceration, or by the surgeon, its contents are peculiarly fetid. In the complete fistula, not only does flatus pass involuntarily through the sinus, but also small pieces of fæces, giving rise to great discomfort, inconvenience, and at times considerable pain and suffering.

In treating this disease, the sphincter ani muscle, from its being more or less in a state of contraction, is the chief difficulty that surgeons have to contend with; and to this must be added the unhealthy, callous, semi-cartilaginous, pyogenic lining membrane, which, until removed or destroyed, will prevent all healthy action in the sinus. Therefore all operations for the cure of this disease have been directed to these two points, viz., to prevent the contraction of the sphincter ani, and to destroy the

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pyogenic lining membrane. Caustics have been used by some surgeons, but have met with little favour, and I believe still less success, for although by the judicious use of these agents the unhealthy membrane may be destroyed, and the sinus reduced to a healthy sore, that would freely heal if the parts could be kept at rest, by the mere use of caustics the sphincter ani is left intact, and from the irritation set up, its action is more active than before. At the present time, the usual operation is performed with the knife, and I know in some few instances with success; but this is the case with many other operations, where the process consists of simple cutting. The disease is very apt to return; indeed, Mr. Ashton mentions the case of a gentleman who submitted to twelve operations without success. Mr. Ashton operated on him the thirteenth time, and has reported the case as cured.*

The operation is usually performed by introducing the index finger of one hand into the rectum, and a grooved director is gently inserted into the sinus until its point comes in contact with the finger. A probe-pointed narrow bistoury is then pushed slowly but firmly above the groove of the director until it impinges on the index finger, when both are withdrawn together, the bistoury dividing not only the whole extent of the fistula, but also the sphincter-ani muscle. If there is more than one sinus, which is usually the case, the operation must be repeated until all are laid open. Some surgeons proceed a step further, and carefully dissect out the lining

* Ashton on "Prolapsus Ani Fistula-in-Ano, and Hemorrhoidal Affections" (p. 66).

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membrane of the fistulas; this is unnecessary, and adds to the severity of the operation; the deep wound made by these incisions is dressed from the bottom, and these dressings are allowed to remain until spontaneously removed by the action of the bowels, when a healthy granulating surface is generally exposed, which is afterwards healed in the usual manner. My objections to this mode of operation are, its severity, and weakness that invariably follows from the great loss of blood, and the uncertainty whether, after undergoing all this suffering, a cure will be effected or not. To these may be added minor inconveniences of the risk of the operation, or at least the constitutional disturbance, caused by the inhalation of chloroform, confinement to bed, or at least to the bed-chamber for some time, and the fear that always takes possession of the mind when a severe operation has to be submitted to, especially if it is not for the first time. In addition to these, there is sometimes an operation performed where the ligature is used instead of the knife. I think it is far more uncertain in its results, and more painful than the operation by excision, and I would therefore never advise its performance.

Such being the severity and uncertainty of the usual operations, it becomes the duty of all surgeons to see if other means cannot be devised, less painful and less uncertain, to cure this troublesome complaint. For many years my thoughts had been turned to this subject, but it was not until the year 1853 that I completed the plan of the operation which has been so successful in many cases. This I accomplished by paralyzing the sphincter-ani muscle,

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which was eminently successful: the destruction thereby of the pyogenic lining membrane of the fistulas was easily accomplished, and a simple, bloodless, and comparatively painless mode of treatment was inaugurated. It was the beginning of 1854, that I first had an opportunity of putting this theory to the test. The following is the history of my first case:—

SIR ARTHUR N——, Bart, aged 63 years.

Called on me on Christmas Day, 1853. He told me he had been suffering from fistula in ano for several years, and about nine months previously had been operated on by a distinguished Scotch surgeon; the operation was not completely successful. He was a very large, fair-complexioned man, of a nervous, excitable temperament, who dreaded to be touched, and flinched from even an exploring examination, to which, however, at length he consented. I discovered close to the cicatrix, about three-quarters of an inch from the anus, a small fistula, which I found entered the gut about a quarter of an inch from the anal orifice; and about the fourth of an inch from the first sinus there was another, which joined the first some little distance from its external opening. There was only one rectal opening. Considering this to be a fair case for trying my theory, I fully explained to Sir Arthur my views and intentions. He left me, stating he would see me again in a few days. He did not return until the 19th January, 1854. During this interval he had consulted several of the most distinguished London surgeons, who urged him to submit to another operation by the knife, but, whatever he did, on no account to allow me to experiment on him. Rather than submit to a second period of exhaustion and suffering he placed himself under my care, it being previously impressed on his mind that as the operation, as far as I knew, had never been performed before, I could offer no assurance as to the results.

On the 22nd January, 1854, and the following day, I injected the sinuses with an infusion of the powdered root of the Hydrastis canadensis, to clean the passages from the muco-purulent discharge; I then filled them with soft cotton thread

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saturated with an ointment composed of equal portions of sulphate of zinc and simple cerate. On the third application the sinuses were sufficiently opened to allow of the introduction of a large-sized probe, and I was thus enabled to fill them with pure anhydrous sulphate. This operation did not cause pain for a longer period than ten minutes. Two days after this I removed the dressing, with a portion of, if not all, the callous lining membrane. I repeated the same dressing of the pure sulphate a second time, on the 30th January, which was not removed until the 2nd February. These dressings were quite sufficient in a simple case, but I was anxious to reduce both sinuses into one sore, and, as it was a first case, to do enough. It was the 7th of the month before this was accomplished. During the whole of this time my patient suffered little or no pain; indeed, he took daily exercise, and regularly attended church on Sundays. Inflammatory action was arrested by the application of cloths dipped in an infusion of the hydrastis, and the bowels were regulated by throwing into the rectum half a pint of a weaker infusion of the same every morning, and on the 13th the parts destroyed by the action of the sulphate commenced sloughing, but it was not until the 15th that all had come away. The time had now arrived for trying if the sphincter muscle could be paralyzed by overstretching. I placed my patient in a proper position, and inserting both thumbs into the anus, I gently but firmly drew them apart towards the tuberosities of the ischium, and retained them there for some five minutes. The muscle was completely paralyzed; its contractile power ceased. I immediately dressed the sores from the bottom with an ointment composed of two parts of unguentum resinosum flavæ and one part sp. terebinthini. 16th.—Healthy granulations had appeared. Dressed daily with the same dressing, until the 22nd, when I discovered the sphincter had commenced again to act; I therefore at once repeated the operation of the 15th. The muscle was also overstretched again, for the last time, on the 27th; the sinuses healed rapidly, and on the 7th March I had the satisfaction of sending my patient away cured. I had the pleasure of seeing the gentleman again, in the summer of 1861, over seven years having elapsed since the operation. He informed me that he was quite well, and had never experienced any inconvenience since he last saw me. He then allowed me to make an examination, and I could detect no trace of disease.

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My only fear, when I attempted to paralyze the sphincter muscle was, that there would be an involuntary discharge of fæces. These fears, however, were unfounded, as in all my cases none of the patients suffered the least inconvenience from this cause.

MRS. L——, aged 43 years.

This lady, residing at Geneva, Switzerland, first wrote to me in February, 1858. At that time she had been suffering for more than twenty years from fistula in ano, and for nearly three years had been bedridden. When young she suffered from ascaris vermicularis, and she stated that all her sufferings had arisen from the quantities of drastic purgatives, such as calomel, cow-itch (mucuna pruriens), gamboge, &c., &c., with which she had been literally poisoned, giving rise to constant heat and irritation in the rectum, but it was not until the birth of her second child, when she was twenty-three years of age, that a tumour was a discovered in the rectum, which was removed by Dr. Copeland. She stated that at that time she was greatly exhausted by incessant suffering, caused by the formation of one abscess after another, which communicated with the rectum, and during the whole of the last twenty years she has been more or less a sufferer.

On the 8th May, 1858, I proceeded to Geneva to see this lady, where I found her in a dreadful state, weak and emaciated from the profuse discharge, in constant suffering, and confined for so long a time to her couch, that I almost despaired of being able to do much for her. The whole of the left nates was swollen and discoloured, the skin being deprived of its cuticle, and irritated by the constant discharge; about an inch and a half from the anus there was the orifice of a large sinous opening, lined with a thick cartilaginous membrane, with everted edges, and around the skin was livid and discoloured. This was the original fistula, of more than twenty years' standing; it communicated direct with the intestinal canal. About an inch from this fistula, between the os coccygis and the tuberosity of the ischium, there was another large fistulous opening, the result of an abscess which broke in June, 1857. Besides these, there were five other distinct openings, through which I easily introduced a probe, and found that which communicated with the first sinus. At this time, from the lady's exhausted state, I could not attempt any surgical treatment, further than to allay the excessive irritation,

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to arrest the profuse discharge, to ease her constant suffering, and, if possible, to recruit her feeble strength. For this purpose she took different medicines, as the symptoms required; such as the Hydrastis canadensis, arsenicum, calcarea-carb., cuprum, &c., &c. The bowels were regulated, when necessary, with sulphur, nux vom., or opium. The sinuses were injected daily with an infusion of the root of the Hydrastis canadensis, and the external irritation was soothed by cloths dipped in the same, and kept applied over the whole of the left hip. Her diet was nutritious and stimulant. As the warm weather was approaching, I advised her, if possible, to be removed to some of the neighbouring villages, so as to escape from the heat and din of the town. I heard regularly from the lady, and was delighted that every week produced a marked charge for the better. She had been removed to the village of Pregny without increased suffering.

On the 11th September following, I again left London to visit her. I arrived at Prégny on Tuesday, 14th, when I found the lady's general health much improved, but she was still unable to sit up, and was only easy when reclining on a couch, or in bed. The discharge from the sinuses was not so ichorous, but still it was far from being healthy pus. That afternoon I overstretched the sphincter ani, and threw into the fistulas, by means of an Anell's syringe, a strong solution of sulphate of zinc. This injection caused no pain, and she passed an excellent night. On the morning and evening of the 15th I again injected the parts with a saturated solution of the sulphate. The pain caused by this did not last five minutes, and the relief from the old uneasy sensation was very marked. On the 17th I found Mrs. L—— to be so well that I proposed she should accompany me on the following Monday to London. This proposition to a lady who had been bedridden for nearly three years took herself and family by surprise; but after consulting together for a short time, and having confidence in me, from God having blessed the means I employed, so far, they readily consented and gave me a *carte blanche* to make the necessary arrangements. These, by means of the telegraph, were speedily completed, and on Monday forenoon, the 20th September, the lady left Prégny in a litter for Geneva, where a compartment in a carriage had been retained for her. We arrived in Paris early on Tuesday morning, where a litter was in readiness, and conveyed her to Meurice's, where she rested until the next forenoon, when she was again carried to the station of the Great Northern Railway.

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It was near midnight when we reached Calais, and my patient was but little fatigued. I had her immediately conveyed on board of a steamboat, which sailed shortly afterwards direct for London Bridge, where we arrived on the Thursday forenoon, the 25th. An invalid carriage was in waiting, and by one o'clock this poor lady was in her lodgings in St. John's Wood, very little fatigued, and during the whole journey she did not suffer from pain. The treatment was persevered in.

Within a month after her arrival she had so far recovered and gained so much strength as to be able to sit up each day; in another month she took daily carriage and walking exercise, and early in the year 1859 she was able to walk two or three miles without fatigue. She progressed rapidly, but from the extent of disease it would have required a very long time to effect a radical cure. I have no doubt but this would have been done if she had been able to remain under my care.

I met a cousin of the lady some five years ago, who told me that Mrs. L—— was at that time very comfortable, and was able to go about and enjoy herself. By these simple means, which I employed, and with God's blessing in this remarkable case, this poor lady was rescued from a state of great suffering, and was restored to the society of her family and friends.

MR. F——, aged 56 years, from Manchester.

This gentleman visited me on the 13th August, 1861. He had been suffering for some years from fistula in ano, and about six months previously had been operated on in the usual manner. The operation proved unsuccessful, and, rather than submit to another, he placed himself under my care. I visited him at Furnival's Inn, Holborn, on the 14th of the same month, when I overstretched the sphincter ani, and dressed the sinuses with the sulphate. These dressings were applied only four times, when the pyogenic membrane was destroyed. The pain was so trifling that he preferred coming up daily from Furnival's Inn to St. John's Wood to be dressed. In three weeks he returned home quite well, and I believe he has remained so ever since.

Since my first case, in 1854, I have had nearly fifty cases of this disease, which I have treated in this new manner. All were eminently successful, excepting one, and that was, perhaps,

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more owing to the restlessness of the patient than anything else. It was the case of a merchant, residing in Porchester Square, a nervous, excitable man, *who sadly wanted repose in his composition*, as he was never still. I dressed him every morning, and immediately afterwards he used to walk down to St. Paul's Churchyard, to business. The sphincter was overstretched about once a fortnight. Progress was very slow, probably owing to the dressing being removed by walking. We both got tired, and he placed himself under the care of a pure surgeon, with what result I cannot tell, as he shortly after this, was obliged to leave the country. Surely, however, I have advanced proof sufficient to show the originality, simplicity, and comparatively painless treatment for a sad disease, which before could only be cured by a severe and bloody operation.

There are many other interesting and important diseases affecting these parts, which in this work I cannot touch upon; many are fully treated in my work on "Diseases peculiar to Women," and others of equal importance will be discussed in another work I am preparing for the press, to be entitled "Diseases peculiar to Men."

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APPENDIX.

A.

I HAVE frequent applications about the Hungarian wines imported by Mr. Max Greger, of 7, Mincing Lane, asking me what kinds I can recommend. I have found the following to be the most useful and efficacious:—

1st. *Carlowitz and Ofner.*—These are both red wines, containing iron. I have found both excellent in cases of debility, being good bloodmakers, and exceedingly useful in cases of hemorrhagic diathesis.

2nd. *Ruster.*—A white wine, useful in cases of nervous excitement and restlessness. It has a peculiar soothing effect.

3rd. *Somlau.*—Very useful in cases where there is a scanty secretion of urine, or even in retention, and other affections of the kidney.

4th. *Œdenbourg.*—This wine produces the same effects as *Somlau;* only it is a superior wine, with more delicacy of flavour.

5th. *Tokay.*—When very old, is a powerful tonic and restorative. All the tokays contain a large amount of phosphoric acid, and therefore are very valuable in cases of impaired digestion.

6th. *Mediascher.*—A novel and invaluable wine, only lately introduced from Transylvania. In its action it is a mild aperient. Such a wine has long been needed, for, until now, we had no wine on which we could depend as an aperient.

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B.

At page 56 I have given the process usually adopted for preparing the muriate of berberine and hydrastia. It is not, however, complete. The best manner of preparing these alkaloids is to make a cold-water infusion of the powdered root of the Hydrastis canadensis, which filter; to the filtrate, hydrochloric acid is added, which precipitates the berberine. The berberine, being collected, is dried. Enough of ammonia is now added to the filtrate to precipitate the gummy and resinous matter of the hydrastis, which is separated. Ammonia in excess is then added, which throws down the hydrastia in an impure state. To purify this, it is to be treated with proof spirit, and then crystallize. If the crystals are discoloured, they may be purified by animal charcoal, and recrystallized.

C.

Since the greater portion of this work has been in type, some little curiosity has been raised by a paper recently read by Mr. Haviland before the Medical Society of London, entitled "Geology and Medicine," in which the writer attempts to divide England into certain "*cancer* fields." This paper has found its way into the daily press. It is interesting and ingenious; and, although I consider the writer's arguments to be fallacious, I will transcribe it from the *Daily News* of December 9, 1868:

GEOLOGY AND MEDICINE.

Although the days have passed when an "Admirable Crichton" was a possibility, yet the ten-

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dency of modern scientific progress is to bring the leading sciences day by day into closer correlation. The astronomer must be familiar with the principal details and facts of geology, of chemistry, and of meteorology. In the leading geological treatises of the day we see the labours of Leverrier, Stone, and Croll on the earth's orbital motions introduced as a necessary and important part of the inquiry into the former condition of the earth's crust. And it is impossible to open a single important treatise on any branch of science without finding evidence of the correlation of the various branches of physical research. But, perhaps, if there are any two sciences which seem at first sight to have little or nothing in common, they are geology and medicine. A doctor, one would imagine, can have little to do with the eocene, miocene, and pleocene formations, with Neptunian, Plutonic, or Vulcanist theories, and the like. It seems like a dream to conceive that a doctor should say to his patient, "Sir, your disease is referable to the carboniferous formation and old red sandstone; you must try the lower eocene;" or, "Madam, you are suffering from the influence of alluvium and the argillaceous limestone; you must really have recourse at once to the silurian strata." Yet it is impossible to listen to what Dr. Haviland tells us of the distribution of disease without feeling the importance of geological knowledge to the student of medicine. He has shown that there is a relation between the distribution of disease and the geological character of the soil. Each disease is found to have its special geological habitat. Dealing specially with

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the distribution of cancer—a disease which of all others had hitherto been, perhaps, the most perplexing in its characteristics—he points out that the "cancer-fields" of England have a definite geological character. We must premise that the returns of the Registrar-General have been made the basis of the inquiry, and that forty-two thousand deaths are included in the formation of the "cancer-map" of England. The regions in which the disease prevails most strongly are coloured blue, those which are comparatively free from the disease are coloured red. In the map of this terrible disease we see that nearly the whole of Wales, and the north-west part of England, are red; and "coincident with this," says Dr. Haviland, "is the fact that these parts of England and Wales belong geologically to the oldest formations, namely, the silurian and carboniferous, and physically include the highest and best drained mountainous districts in the country." The northern parts of England have at once a western and an eastern aspect, and it is from this elevated region that the principal rivers of the northern counties take their rise. The coast of Wales has, in like manner, a westerly and south-westerly aspect; and the rivers Dee, Severn, Wye, and Usk take their rise from inland Wales. In the south and south-east of England there is another red-coloured region, extending from the Isle of Wight through Hampshire, Wiltshire, Gloucestershire, Oxfordshire, the south-west of Northamptonshire, Bedfordshire, Hertfordshire, Cambridgeshire, and Norfolk. This district includes the chalk

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hills of southern England, and the "oolitic formation" of Gloucestershire, Oxfordshire, and Northamptonshire. But, as it seems to us, the strongest evidence in favour of Dr. Haviland's position lies in the arrangement of the portions of country by which the two great red patches intercommunicate. These portions lie "on the red sandstone of Warwickshire, the red sandstone and lias heights of Leicestershire, and the red sandstone and carboniferous rocks of the mountain ranges of Derbyshire;" while another branch of the red country runs across the sandstone heights of Worcestershire and Staffordshire. The two great groups and their connecting links comprise at once the more ancient formations, and the most elevated districts of England. They also contain the sources of the great rivers which drain the country.

And now to trace out the blue country, comprising the regions within which cancer has proved most fatal. We find that nearly all these regions belong to the tertiary or most recent formations. Also, they are found in almost every instance "to surround the great rivers after their full formation, and when they have reached the low-lying valley-land in their passage to the sea." The cancer-field of the Thames is almost co-extensive with what is termed by geologists the London clay—in reality a portion of the lower eocene. The East Yorkshire cancer-field again covers the district traversed by the Humber, an alluvial region. Another field commences between the south of Derbyshire and the north of Leicestershire, and follows the track of the alluvial formations which are found in the low-

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lands of Lincolnshire. There are several other fields similarly associated with recent formations, and the evidence is most conclusive on the subject. The haunts of cancer are proved to be "the sheltered and low-lying valleys traversed by fully-formed rivers, and having sites composed of the more recent geological formations—such as the crag and alluvium of the Norfolk and Suffolk field, the clay of the Thames field, and the alluvium of the Lincolnshire and East Yorkshire groups."

In some respects there is a resemblance between the characteristics of the cancer-haunted regions of England and those in which heart disease and rheumatic affections prevail. In each case sheltered valleys are unfavourably circumstanced. But the influence of the sea is more powerful in the prevention of heart disease than against cancer. Along the banks of the wider reaches of the great rivers cancer is fearfully prevalent, while the influx of sea air seems to destroy or to sweep away the poison to which heart diseases are due. On the other hand, the elevated valleys which are the source of our rivers are the haunt of heart disease and rheumatic affections; whereas cancer is little prevalent in those regions. But the favourable influence of sea air in both forms of disease is exhibited by the close resemblance between the configuration of the red groups for cancer and for heart disease, in the western parts of England.

Singularly enough, the distribution of phthisis seems to be almost exactly the reverse of that of cancer. The Herefordshire cancer-field, for example, is a red field in the phthisis map. The

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same is the case with the Thames cancer-field. On the other hand, the great north-westerly and Welsh group, coloured red in the cancer map, is blue—that is, indicates a high rate of mortality—in the phthisis map. Thus it is seen that the conditions which are favourable to the consumptive patient are precisely the reverse of those which check the spread of mortality by cancer, and *vice versa*.

It is important to notice that most of our large cities are established on the banks and not far from the mouths of rivers, so that they are generally in the very centre of a cancer district. On this account we can understand that cancer should be very fatal in towns. There is nothing, however, in the results of Dr. Haviland's inquiries to encourage the notion that the crowding together of human beings has any bad influence so far as the mortality by cancer disease is concerned. Manchester, for example, notwithstanding the density of its population, has a much lower cancer mortality than London, Bristol, or Southampton.

Space will not permit us to dwell on the interesting facts cited by Dr. Haviland respecting the prelence or absence of cancer disease in other countries. Enough has been said to show how important a bearing geological and geographical considerations have upon the prevalence, and consequently upon the treatment, of disease. To quote the words of Dr. Haviland, "By studying the laws regulating the prevalence of disease we shall know where to find it and how to avoid it. You would not build a consumption hospital exposed to the over-stimulating winds of the Welsh hills, or on the dry chalk ranges

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which are exposed to easterly winds. You would select those sites where its indigenous victims number the least; sheltered valleys where pure air comes to them without harshness, and where, in proportion, the least number die from this particular disease. These are the principles dictated to us at once by the voice of common sense and by the pictorial illustrations of the disease-charts.

Mr. Haviland's theory is curious, and that is all that can be said in its favour. To his assertion that there is a relation between the distribution of disease and the geological character of the soil, stating as an axiom "that each disease has its geological habitat," as far as cancer is concerned, and many other diseases I am familiar with, it is simply an absurdity. My experience in cancerous disease proves to me, that his theory is altogether visionary, because, from the very districts he states to be non-cancerous—viz., Wales, the north-west of England (including, I suppose) Cheshire and Lancashire, from Hampshire, Wilts, Oxfordshire, Northamptonshire, Norfolk, and others in which he declares cancerous disease is not usually met with—I have had more than one-half of my patients during the last sixteen years. The only thing which I can see in this theory is, that it is new, and probably original. A novelty in these days of excitement leaves only a transient impression, but that which is substantial and true will bear the test of time.

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